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OMB No. 2010-0019
Approval Expires 12-31-89

EPA-OTS



0006226460

90-890000450

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Comprehensive Assessment Information Rule
REPORTING FORM

When completed, send this form to:

Document Processing Center
Office of Toxic Substances, TS-790
U.S. Environmental Protection Agency
401 M Street, SW
Washington, DC 20460
Attention: CAIR Reporting Office

For Agency Use Only:

Date of Receipt: _____

Document
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Docket Number: _____

Chassis Systems

excellence in systems engineering

90-890000450
CONTAINS NO CBI

29 JUL 11 AM 9:47

CERTIFIED MAIL

OTS DOCUMENT CONTROL
OFFICE

July 3, 1989

Office of Toxic Substances
Environmental Protection Agency
401 M. Street, S.W.
Washington, D. C. 20460

Subject: Comprehensive Assessment Information Rule (CAIR) Report

Dear Sir or Madam:

Attached is the Comprehensive Assessment Information Rule (CAIR) Report. It is unclear under the regulations if this report is required for our activities. We do not believe we are required to file this report; however, we are providing the report for informational purposes.

Sincerely,



Richard D. Webster
Environmental Coordinator
Dayton Operations

RDW/11b

bcc: D. M. Leduc, EAS



Chassis Systems Business Unit
Delco Products, General Motors Corporation
P.O. Box 1224, Dayton, Ohio 45401

SECTION 1 GENERAL MANUFACTURER, IMPORTER, AND PROCESSOR INFORMATION

PART A GENERAL REPORTING INFORMATION

1.01 This Comprehensive Assessment Information Rule (CAIR) Reporting Form has been completed in response to the Federal Register Notice of..... [1][2] [2][2] [8][8]
CBI mo. day year

☐ a. If a Chemical Abstracts Service Number (CAS No.) is provided in the Federal Register, list the CAS No. [] [2] [6] [4] [7] [1]]-[6][2]-[5]

b. If a chemical substance CAS No. is not provided in the Federal Register, list either (i) the chemical name, (ii) the mixture name, or (iii) the trade name of the chemical substance as provided in the Federal Register.

(i) Chemical name as listed in the rule N/A

(ii) Name of mixture as listed in the rule

(iii) Trade name as listed in the rule

c. If a chemical category is provided in the Federal Register, report the name of the category as listed in the rule, the chemical substance CAS No. you are reporting on which falls under the listed category, and the chemical name of the substance you are reporting on which falls under the listed category.

Name of category as listed in the rule N/A

CAS No. of chemical substance [] [] [] [] [] []]-[] []]-[] []

Name of chemical substance

1.02 Identify your reporting status under CAIR by circling the appropriate response(s).

CBI Manufacturer 1

☐ Importer 2

Processor ③

X/P manufacturer reporting for customer who is a processor 4

X/P processor reporting for customer who is a processor 5

☐ Mark (X) this box if you attach a continuation sheet.

1.03 Does the substance you are reporting on have an "x/p" designation associated with it in the above-listed Federal Register Notice?
CBI
☐ Yes [☒] Go to question 1.04
☐ No [☐] Go to question 1.05

1.04 a. Do you manufacture, import, or process the listed substance and distribute it under a trade name(s) different than that listed in the Federal Register Notice? Circle the appropriate response.
CBI
☐ Yes 1
☐ No (2)
b. Check the appropriate box below:
☐ You have chosen to notify your customers of their reporting obligations
Provide the trade name(s)
☐ You have chosen to report for your customers
☐ You have submitted the trade name(s) to EPA one day after the effective date of the rule in the Federal Register Notice under which you are reporting.

1.05 If you buy a trade name product and are reporting because you were notified of your reporting requirements by your trade name supplier, provide that trade name.
CBI
☐ Trade name VORANATE T-80
☐ Is the trade name product a mixture? Circle the appropriate response.
Yes 1
No (2)

1.06 Certification -- The person who is responsible for the completion of this form must sign the certification statement below:
CBI
☐ "I hereby certify that, to the best of my knowledge and belief, all information entered on this form is complete and accurate."
WILLIAM M. KAUFFMAN William M. Kauffman 7/6/89
NAME SIGNATURE DATE SIGNED
ENVIRON. ENGINEER (513) 455-3352
TITLE TELEPHONE NO.

☐ Mark (X) this box if you attach a continuation sheet.

- 1.07 Exemptions From Reporting -- If you have provided EPA or another Federal agency with the required information on a CAIR Reporting Form for the listed substance within the past 3 years, and this information is current, accurate, and complete for the time period specified in the rule, then sign the certification below. You are required to complete section 1 of this CAIR form and provide any information now required but not previously submitted. Provide a copy of any previous submissions along with your Section 1 submission.

CBI

☐

"I hereby certify that, to the best of my knowledge and belief, all required information which I have not included in this CAIR Reporting Form has been submitted to EPA within the past 3 years and is current, accurate, and complete for the time period specified in the rule."

<u>N/A</u> NAME	_____ SIGNATURE	_____ DATE SIGNED
_____ TITLE	() _____ TELEPHONE NO.	_____ DATE OF PREVIOUS SUBMISSION

- 1.08 CBI Certification -- If you have asserted any CBI claims in this report you must certify that the following statements truthfully and accurately apply to all of those confidentiality claims which you have asserted.

CBI

☐

"My company has taken measures to protect the confidentiality of the information, and it will continue to take these measures; the information is not, and has not been, reasonably ascertainable by other persons (other than government bodies) by using legitimate means (other than discovery based on a showing of special need in a judicial or quasi-judicial proceeding) without my company's consent; the information is not publicly available elsewhere; and disclosure of the information would cause substantial harm to my company's competitive position."

<u>N/A</u> NAME	_____ SIGNATURE	_____ DATE SIGNED
_____ TITLE	() _____ TELEPHONE NO.	

☐ Mark (X) this box if you attach a continuation sheet.

PART B CORPORATE DATA

1.09 Facility Identification

CBI Name [D][E][L][C][O][] [P][R][O][D][U][C][T][S][] [V][A][N][D][A][L][I][A][] [] []
[] Address [4][8][0][] [N][O][R][T][H][] [0][1][X][I][E][] [0][R][I][V][E][] [] []
Street
[V][A][N][D][A][L][I][A][] [] [] [] [] [] [] [] [] [] [] [] [] []
City
[0][H][] [4][5][3][7][7][] -- [] [] [] []
State Zip
Dun & Bradstreet Number [0][0]-[5][3][5]-[6][6][1][3]
EPA ID Number OH0 [6][5][2][1][5][1][7][0][1]
Employer ID Number [] [2][6][4][7][] - [2][6]
Primary Standard Industrial Classification (SIC) Code [3][7][1][4]
Other SIC Code [] [] [] []
Other SIC Code [] [] [] []

1.10 Company Headquarters Identification

CBI Name [G][E][N][E][R][A][L][] [M][O][T][O][R][S][] [C][O][R][P][O][R][A][T][I][O][N]
[] Address [3][0][4][4][] [W][E][S][T][] [G][R][A][N][D][] [B][L][U][E][] [] [] [] []
Street
[D][E][T][R][O][I][T][] [] [] [] [] [] [] [] [] [] [] [] [] []
City
[M][I][] [4][8][2][0][2][] -- [] [] [] []
State Zip
Dun & Bradstreet Number [0][0]-[5][3][5]-[6][6][1][3]
Employer ID Number [3][8][1][5][7][2][5][1][5]

[] Mark (X) this box if you attach a continuation sheet.

N/A

[illegible]

Street

City

State

Zip

Dun & Bradstreet Number[][]-[][][]-[][][][]

1.12 Technical Contact

CBI Name [T][I][M][][W][O][J][D][A][C][E][][][][][][][][][][][][][][][][]

[illegible][illegible]

Street

[D][A][Y][T][O][N] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

City

State

Zip

Telephone Number[5][1][3]-[4][5][5]-[3][0][8][2]

1.13 This reporting year is from $\begin{bmatrix} 0 & 1 \end{bmatrix}$ $\begin{bmatrix} 8 & 8 \end{bmatrix}$ to $\begin{bmatrix} 1 & 2 \end{bmatrix}$ $\begin{bmatrix} 8 & 8 \end{bmatrix}$
Mo. Year Mo. Year

Mo.

Year

Mo.

Year

☐ Mark (X) this box if you attach a continuation sheet.

1.14 Facility Acquired -- If you purchased this facility during the reporting year, provide the following information about the seller:

[illegible][illegible][illegible]

[][] [][][][][]--[][][][]
State Zip

Employer ID Number[][] [][] [][] [][]

Date of Sale [] [] [] [] [] []
Mo. Day Year

[illegible]

Telephone Number () () () - () () () - () () () ()

1.15 Facility Sold -- If you sold this facility during the reporting year, provide the following information about the buyer:

[illegible][illegible]

City

[][] [][][][][]--[][][][]
State Zip

Employer ID Number[][][][][][][][]

Date of Purchase [] [] [] [] [] []
Mo. Day Year

Contact Person [][][][][][][][][][][][][][][][][][][][][][][][]

Telephone Number[] [] [] - [] [] [] - [] [] [] []

☐ Mark (X) this box if you attach a continuation sheet.

CBI

[]

Imported

700,818

In storage at the beginning of the reporting year

For on-site use or processing

For direct commercial distribution (including export)

In storage at the end of the reporting year

In storage at the beginning of the reporting year	139,000
---------------------------------------------------------	---------

Processed as a reactant (chemical producer)

Processed as a formulation component (mixture producer)

Processed as an article component (article producer) 700, 818

```
Repackaged (including export) .....
```

In storage at the end of the reporting year 0*

0*

[]

PART C IDENTIFICATION OF MIXTURES

- 1.17 Mixture -- If the listed substance on which you are required to report is a mixture or a component of a mixture, provide the following information for each component chemical. (If the mixture composition is variable, report an average percentage of each component chemical for all formulations.)

CBI

☐

N/A

Component Name	Supplier Name	Average % Composition by Weight (specify precision, e.g., 45% ± 0.5%)
		Total 100%

☐ Mark (X) this box if you attach a continuation sheet.

2.04 State the quantity of the listed substance that your facility manufactured, imported, or processed during the 3 corporate fiscal years preceding the reporting year in descending order.

CBI

☐ Year ending [1][2] [8][7]
Mo. Year

Quantity manufactured kg

Quantity imported kg

Quantity processed 2,329,409 kg

Year ending [1][2] [8][6]
Mo. Year

Quantity manufactured kg

Quantity imported kg

Quantity processed 3,452,181 kg

Year ending [1][2] [8][5]
Mo. Year

Quantity manufactured kg

Quantity imported kg

Quantity processed 5,360,731 kg

2.05 Specify the manner in which you manufactured the listed substance. Circle all appropriate process types.

CBI

☐ Continuous process 1

Semicontinuous process 2

Batch process 3

☐ Mark (X) this box if you attach a continuation sheet.

2.06 Specify the manner in which you processed the listed substance. Circle all appropriate process types.

- ☐ Continuous process 1
☐ Semicontinuous process (2)
☐ Batch process 3

2.07 State your facility's name-plate capacity for manufacturing or processing the listed substance. (If you are a batch manufacturer or batch processor, do not answer this question.)

- ☐ Manufacturing capacity kg/yr
☐ Processing capacity kg/yr

2.08 If you intend to increase or decrease the quantity of the listed substance manufactured, imported, or processed at any time after your current corporate fiscal year, estimate the increase or decrease based upon the reporting year's production volume.

<input type="checkbox"/>	Manufacturing Quantity (kg)	Importing Quantity (kg)	Processing Quantity (kg)
Amount of increase			
* Amount of decrease			100%

* CEASED PROCESSING TOI 7-15-88

☐ Mark (X) this box if you attach a continuation sheet.

2.09 For the three largest volume manufacturing or processing process types involving the listed substance, specify the number of days you manufactured or processed the listed substance during the reporting year. Also specify the average number of hours per day each process type was operated. (If only one or two operations are involved, list those.)

CBI

☐

	<u>Days/Year</u>	<u>Average Hours/Day</u>
--	------------------	------------------------------

Process Type #1 (The process type involving the largest quantity of the listed substance.)

Manufactured

Processed

136

8

Process Type #2 (The process type involving the 2nd largest quantity of the listed substance.)

Manufactured

Processed

Process Type #3 (The process type involving the 3rd largest quantity of the listed substance.)

Manufactured

Processed

2.10 State the maximum daily inventory and average monthly inventory of the listed substance that was stored on-site during the reporting year in the form of a bulk chemical.

CBI

☐

Maximum daily inventory *RESPONSE NOT REQUIRED FOR TDI* kg

Average monthly inventory kg

☐ Mark (X) this box if you attach a continuation sheet.

2.11 Related Product Types -- List any byproducts, coproducts, or impurities present with the listed substance in concentrations greater than 0.1 percent as it is manufactured, imported, or processed. The source of byproducts, coproducts, or impurities means the source from which the byproducts, coproducts, or impurities are made or introduced into the product (e.g., carryover from raw material, reaction product, etc.). NONE KNOWN

CBI

☐

<u>CAS No.</u>	<u>Chemical Name</u>	<u>Byproduct, Coproduct or Impurity¹</u>	<u>Concentration (%) (specify ± % precision)</u>	<u>Source of Byproducts, Coproducts, or Impurities</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

¹Use the following codes to designate byproduct, coproduct, or impurity:

B = Byproduct
C = Coproduct
I = Impurity

☐ Mark (X) this box if you attach a continuation sheet.

- 2.12 Existing Product Types -- List all existing product types which you manufactured, imported, or processed using the listed substance during the reporting year. List the quantity of listed substance you use for each product type as a percentage of the total volume of listed substance used during the reporting year. Also list the quantity of listed substance used captively on-site as a percentage of the value listed under column b., and the types of end-users for each product type. (Refer to the instructions for further explanation and an example.)

CBI

☐

a.	b.	c.	d.
Product Types ¹	% of Quantity Manufactured, Imported, or Processed	% of Quantity Used Captively On-Site	Type of End-Users ²
B	100 %	100 %	I

¹Use the following codes to designate product types:

A = Solvent	L = Moldable/Castable/Rubber and additives
B = Synthetic reactant	M = Plasticizer
C = Catalyst/Initiator/Accelerator/ Sensitizer	N = Dye/Pigment/Colorant/Ink and additives
D = Inhibitor/Stabilizer/Scavenger/ Antioxidant	O = Photographic/Reprographic chemical and additives
E = Analytical reagent	P = Electrodeposition/Plating chemicals
F = Chelator/Coagulant/Sequestrant	Q = Fuel and fuel additives
G = Cleanser/Detergent/Degreaser	R = Explosive chemicals and additives
H = Lubricant/Friction modifier/Antiwear agent	S = Fragrance/Flavor chemicals
I = Surfactant/Emulsifier	T = Pollution control chemicals
J = Flame retardant	U = Functional fluids and additives
K = Coating/Binder/Adhesive and additives	V = Metal alloy and additives
	W = Rheological modifier
	X = Other (specify) _____

²Use the following codes to designate the type of end-users:

I = Industrial	CS = Consumer
CM = Commercial	H = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

- 2.13 Expected Product Types -- Identify all product types which you expect to manufacture, import, or process using the listed substance at any time after your current corporate fiscal year. For each use, specify the quantity you expect to manufacture, import, or process for each use as a percentage of the total volume of listed substance used during the reporting year. Also list the quantity of listed substance used captively on-site as a percentage of the value listed under column b., and the types of end-users for each product type. (Refer to the instructions for further explanation and an example.)

CBI

☐

a.	b.	c.	d.
Product Types ¹	% of Quantity Manufactured, Imported, or Processed	% of Quantity Used Captively On-Site	Type of End-Users ²
PROCESSING	CEASED 7-15-88		

¹Use the following codes to designate product types:

A = Solvent	L = Moldable/Castable/Rubber and additives
B = Synthetic reactant	M = Plasticizer
C = Catalyst/Initiator/Accelerator/ Sensitizer	N = Dye/Pigment/Colorant/Ink and additives
D = Inhibitor/Stabilizer/Scavenger/ Antioxidant	O = Photographic/Reprographic chemical and additives
E = Analytical reagent	P = Electrodeposition/Plating chemicals
F = Chelator/Coagulant/Sequestrant	Q = Fuel and fuel additives
G = Cleanser/Detergent/Degreaser	R = Explosive chemicals and additives
H = Lubricant/Friction modifier/Antiwear agent	S = Fragrance/Flavor chemicals
I = Surfactant/Emulsifier	T = Pollution control chemicals
J = Flame retardant	U = Functional fluids and additives
K = Coating/Binder/Adhesive and additives	V = Metal alloy and additives
	W = Rheological modifier
	X = Other (specify) _____

²Use the following codes to designate the type of end-users:

I = Industrial	CS = Consumer
CM = Commercial	H = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

2.14 Final Product -- Complete the following table for each type of final product manufactured, imported, or processed at your facility that contains the listed substance other than as an impurity.

☐

a.	b.	c.	d.
Product Type ¹	Final Product's Physical Form ²	Average % Composition of Listed Substance in Final Product	Type of End-Users ³
N/A			

¹Use the following codes to designate product types:

A = Solvent	L = Moldable/Castable/Rubber and additives
B = Synthetic reactant	M = Plasticizer
C = Catalyst/Initiator/Accelerator/Sensitizer	N = Dye/Pigment/Colorant/Ink and additives
D = Inhibitor/Stabilizer/Scavenger/Antioxidant	O = Photographic/Reprographic chemical and additives
E = Analytical reagent	P = Electrodeposition/Plating chemicals
F = Chelator/Coagulant/Sequestrant	Q = Fuel and fuel additives
G = Cleanser/Detergent/Degreaser	R = Explosive chemicals and additives
H = Lubricant/Friction modifier/Antiwear agent	S = Fragrance/Flavor chemicals
I = Surfactant/Emulsifier	T = Pollution control chemicals
J = Flame retardant	U = Functional fluids and additives
K = Coating/Binder/Adhesive and additives	V = Metal alloy and additives
	W = Rheological modifier
	X = Other (specify) _____

²Use the following codes to designate the final product's physical form:

A = Gas	F2 = Crystalline solid
B = Liquid	F3 = Granules
C = Aqueous solution	F4 = Other solid
D = Paste	G = Gel
E = Slurry	H = Other (specify) _____
F1 = Powder	

³Use the following codes to designate the type of end-users:

I = Industrial	CS = Consumer
CM = Commercial	H = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

2.15 Circle all applicable modes of transportation used to deliver bulk shipments of the
CBI listed substance to off-site customers. *N/A*

- ☐ Truck 1
Railcar 2
Barge, Vessel 3
Pipeline 4
Plane 5
Other (specify) _____ 6

2.16 Customer Use -- Estimate the quantity of the listed substance used by your customers
CBI or prepared by your customers during the reporting year for use under each category
of end use listed (i-iv). *N/A*

☐

Category of End Use

i. Industrial Products

Chemical or mixture kg/yr

Article kg/yr

ii. Commercial Products

Chemical or mixture kg/yr

Article kg/yr

iii. Consumer Products

Chemical or mixture kg/yr

Article kg/yr

iv. Other

Distribution (excluding export) kg/yr

Export kg/yr

Quantity of substance consumed as reactant kg/yr

Unknown customer uses kg/yr

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 3 PROCESSOR RAW MATERIAL IDENTIFICATION

PART A GENERAL DATA

- 3.01 Specify the quantity purchased and the average price paid for the listed substance for each major source of supply listed. Product trades are treated as purchases.
CBI The average price is the market value of the product that was traded for the listed substance.

☐

<u>Source of Supply</u>	<u>Quantity (kg)</u>	<u>Average Price (\$/kg)</u>
The listed substance was manufactured on-site.		
The listed substance was transferred from a different company site.		
The listed substance was purchased directly from a manufacturer or importer.	700,818	1.981
The listed substance was purchased from a distributor or repackager.		
The listed substance was purchased from a mixture producer.		

-
- 3.02 Circle all applicable modes of transportation used to deliver the listed substance to your facility.

CBI

☐

- Truck 1
- Railcar ②
- Barge, Vessel 3
- Pipeline 4
- Plane 5
- Other (specify) _____ 6

☐ Mark (X) this box if you attach a continuation sheet.

3.03 a. Circle all applicable containers used to transport the listed substance to your facility.

CBI

☐

Bags 1
Boxes 2
Free standing tank cylinders 3
Tank rail cars ④
Hopper cars 5
Tank trucks 6
Hopper trucks 7
Drums 8
Pipeline 9
Other (specify) _____ 10

b. If the listed substance is transported in pressurized tank cylinders, tank rail cars, or tank trucks, state the pressure of the tanks.

Tank cylinders mmHg
Tank rail cars 760 mmHg
Tank trucks mmHg

☐ Mark (X) this box if you attach a continuation sheet.

PART B RAW MATERIAL IN THE FORM OF A MIXTURE

3.04 If you obtain the listed substance in the form of a mixture, list the trade name(s) of the mixture, the name of its supplier(s) or manufacturer(s), an estimate of the average percent composition by weight of the listed substance in the mixture, and the amount of mixture processed during the reporting year. *N/A*

CBI

☐

<u>Trade Name</u>	<u>Supplier or Manufacturer</u>	<u>Average % Composition by Weight (specify \pm % precision)</u>	<u>Amount Processed (kg/yr)</u>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

☐ Mark (X) this box if you attach a continuation sheet.

PART C RAW MATERIAL VOLUME

3.05 State the quantity of the listed substance used as a raw material during the reporting year in the form of a class I chemical, class II chemical, or polymer, and the percent composition, by weight, of the listed substance.

☐

	Quantity Used (kg/yr)	% Composition by Weight of Listed Sub- stance in Raw Material (specify \pm % precision)
Class I chemical	700,818	100%
Class II chemical		
Polymer		

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 4 PHYSICAL/CHEMICAL PROPERTIES

General Instructions:

If you are reporting on a mixture as defined in the glossary, reply to questions in Section 4 that are inappropriate to mixtures by stating "NA -- mixture."

For questions 4.06-4.15, if you possess any hazard warning statement, label, MSDS, or other notice that addresses the information requested, you may submit a copy or reasonable facsimile in lieu of answering those questions which it addresses.

PART A PHYSICAL/CHEMICAL DATA SUMMARY

- 4.01 Specify the percent purity for the three major¹ technical grade(s) of the listed substance as it is manufactured, imported, or processed. Measure the purity of the substance in the final product form for manufacturing activities, at the time you import the substance, or at the point you begin to process the substance.

CBI

☐

	<u>Manufacture</u>	<u>Import</u>	<u>Process</u>
Technical grade #1	_____ % purity	_____ % purity	<u>100</u> % purity
Technical grade #2	_____ % purity	_____ % purity	_____ % purity
Technical grade #3	_____ % purity	_____ % purity	_____ % purity

¹Major = Greatest quantity of listed substance manufactured, imported or processed.

- 4.02 Submit your most recently updated Material Safety Data Sheet (MSDS) for the listed substance, and for every formulation containing the listed substance. If you possess an MSDS that you developed and an MSDS developed by a different source, submit your version. Indicate whether at least one MSDS has been submitted by circling the appropriate response.

Yes ①

No 2

Indicate whether the MSDS was developed by your company or by a different source.

Your company 1

Another source ②

☐ Mark (X) this box if you attach a continuation sheet.

4.03 Submit a copy or reasonable facsimile of any hazard information (other than an MSDS) that is provided to your customers/users regarding the listed substance or any formulation containing the listed substance. Indicate whether this information has been submitted by circling the appropriate response.

Yes 1

No 2

4.04 For each activity that uses the listed substance, circle all the applicable number(s) corresponding to each physical state of the listed substance during the activity listed. Physical states for importing and processing activities are determined at the time you import or begin to process the listed substance. Physical states for manufacturing, storage, disposal and transport activities are determined using the final state of the product.

CBI
[]

Activity	Physical State				
	Solid	Slurry	Liquid	Liquified Gas	Gas
Manufacture	1	2	3	4	5
Import	1	2	3	4	5
Process	1	2	3	4	5
Store	1	2	3	4	5
Dispose	1	2	3	4	5
Transport	1	2	3	4	5

[] Mark (X) this box if you attach a continuation sheet.

- 4.05 Particle Size -- If the listed substance exists in particulate form during any of the following activities, indicate for each applicable physical state the size and the percentage distribution of the listed substance by activity. Do not include particles ≥ 10 microns in diameter. Measure the physical state and particle sizes for importing and processing activities at the time you import or begin to process the listed substance. Measure the physical state and particle sizes for manufacturing storage, disposal and transport activities using the final state of the product.

CBI

☐

TOI HANDLED IN Liquid State

Physical State		<u>Manufacture</u>	<u>Import</u>	<u>Process</u>	<u>Store</u>	<u>Dispose</u>	<u>Transport</u>
Dust	<1 micron	_____	_____	_____	_____	_____	_____
	1 to <5 microns	_____	_____	_____	_____	_____	_____
	5 to <10 microns	_____	_____	_____	_____	_____	_____
Powder	<1 micron	_____	_____	_____	_____	_____	_____
	1 to <5 microns	_____	_____	_____	_____	_____	_____
	5 to <10 microns	_____	_____	_____	_____	_____	_____
Fiber	<1 micron	_____	_____	_____	_____	_____	_____
	1 to <5 microns	_____	_____	_____	_____	_____	_____
	5 to <10 microns	_____	_____	_____	_____	_____	_____
Aerosol	<1 micron	_____	_____	_____	_____	_____	_____
	1 to <5 microns	_____	_____	_____	_____	_____	_____
	5 to <10 microns	_____	_____	_____	_____	_____	_____

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 5 ENVIRONMENTAL FATE

PART A RATE CONSTANTS AND TRANSFORMATION PRODUCTS

5.01 Indicate the rate constants for the following transformation processes.

a. Photolysis:

Absorption spectrum coefficient (peak) UK (1/M cm) at UK nm
Reaction quantum yield, ϕ UK at UK nm
Direct photolysis rate constant, k_p , at ... UK 1/hr UK latitude

b. Oxidation constants at 25°C:

For 1O_2 (singlet oxygen), k_{ox} UK 1/M hr
For RO_2 (peroxy radical), k_{ox} UK 1/M hr

c. Five-day biochemical oxygen demand, BOD_5 ... UK mg/l

d. Biotransformation rate constant:

For bacterial transformation in water, k_b ... UK 1/hr
Specify culture UK

e. Hydrolysis rate constants:

For base-promoted process, k_b UK 1/M hr
For acid-promoted process, k_A UK 1/M hr
For neutral process, k_N UK 1/hr

f. Chemical reduction rate (specify conditions) UK

g. Other (such as spontaneous degradation) ... UK

☐ Mark (X) this box if you attach a continuation sheet.

Called Frau Lichtenburg at SPI

SHE SAID TO ANSWER THIS UNKNOWN

PART B PARTITION COEFFICIENTS

5.02 a. Specify the half-life of the listed substance in the following media.

<u>Media</u>	<u>Half-life (specify units)</u>
Groundwater	<u>uk</u>
Atmosphere	<u>uk</u>
Surface water	<u>uk</u>
Soil	<u>uk</u>

b. Identify the listed substance's known transformation products that have a half-life greater than 24 hours.

<u>CAS No.</u>	<u>Name</u>	<u>Half-life (specify units)</u>	<u>Media</u>
<u>uk</u>			in
			in
			in
			in

5.03 Specify the octanol-water partition coefficient, K_{ow} ... uk at 25°C
Method of calculation or determination uk

5.04 Specify the soil-water partition coefficient, K_d uk at 25°C
Soil type uk

5.05 Specify the organic carbon-water partition coefficient, K_{oc} uk at 25°C

5.06 Specify the Henry's Law Constant, H uk atm-m³/mole

☐ Mark (X) this box if you attach a continuation sheet.

- 5.07 List the bioconcentration factor (BCF) of the listed substance, the species for which it was determined, and the type of test used in deriving the BCF.

<u>Bioconcentration Factor</u>	<u>Species</u>	<u>Test</u> ¹
UK		

¹Use the following codes to designate the type of test:

F = Flowthrough
S = Static

☐ Mark (X) this box if you attach a continuation sheet.

6.04 For each market listed below, state the quantity sold and the total sales value of the listed substance sold or transferred in bulk during the reporting year.

☐

RESPONSE NOT REQUIRED FOR TDI

<u>Market</u>	<u>Quantity Sold or Transferred (kg/yr)</u>	<u>Total Sales Value (\$/yr)</u>
Retail sales	_____	_____
Distribution -- Wholesalers	_____	_____
Distribution -- Retailers	_____	_____
Intra-company transfer	_____	_____
Repackagers	_____	_____
Mixture producers	_____	_____
Article producers	_____	_____
Other chemical manufacturers or processors	_____	_____
Exporters	_____	_____
Other (specify)	_____	_____
_____	_____	_____

6.05 Substitutes -- List all known commercially feasible substitutes that you know exist for the listed substance and state the cost of each substitute. A commercially feasible substitute is one which is economically and technologically feasible to use in your current operation, and which results in a final product with comparable performance in its end uses.

CBI

☐

<u>Substitute</u>	<u>Cost (\$/kg)</u>
<u>No Substitutes KNOWN AT THIS TIME</u>	_____
_____	_____
_____	_____

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 7 MANUFACTURING AND PROCESSING INFORMATION

General Instructions:

For questions 7.04-7.06, provide a separate response for each process block flow diagram provided in questions 7.01, 7.02, and 7.03. Identify the process type from which the information is extracted.

PART A MANUFACTURING AND PROCESSING PROCESS TYPE DESCRIPTION

7.01 In accordance with the instructions, provide a process block flow diagram showing the major (greatest volume) process type involving the listed substance.

CBI

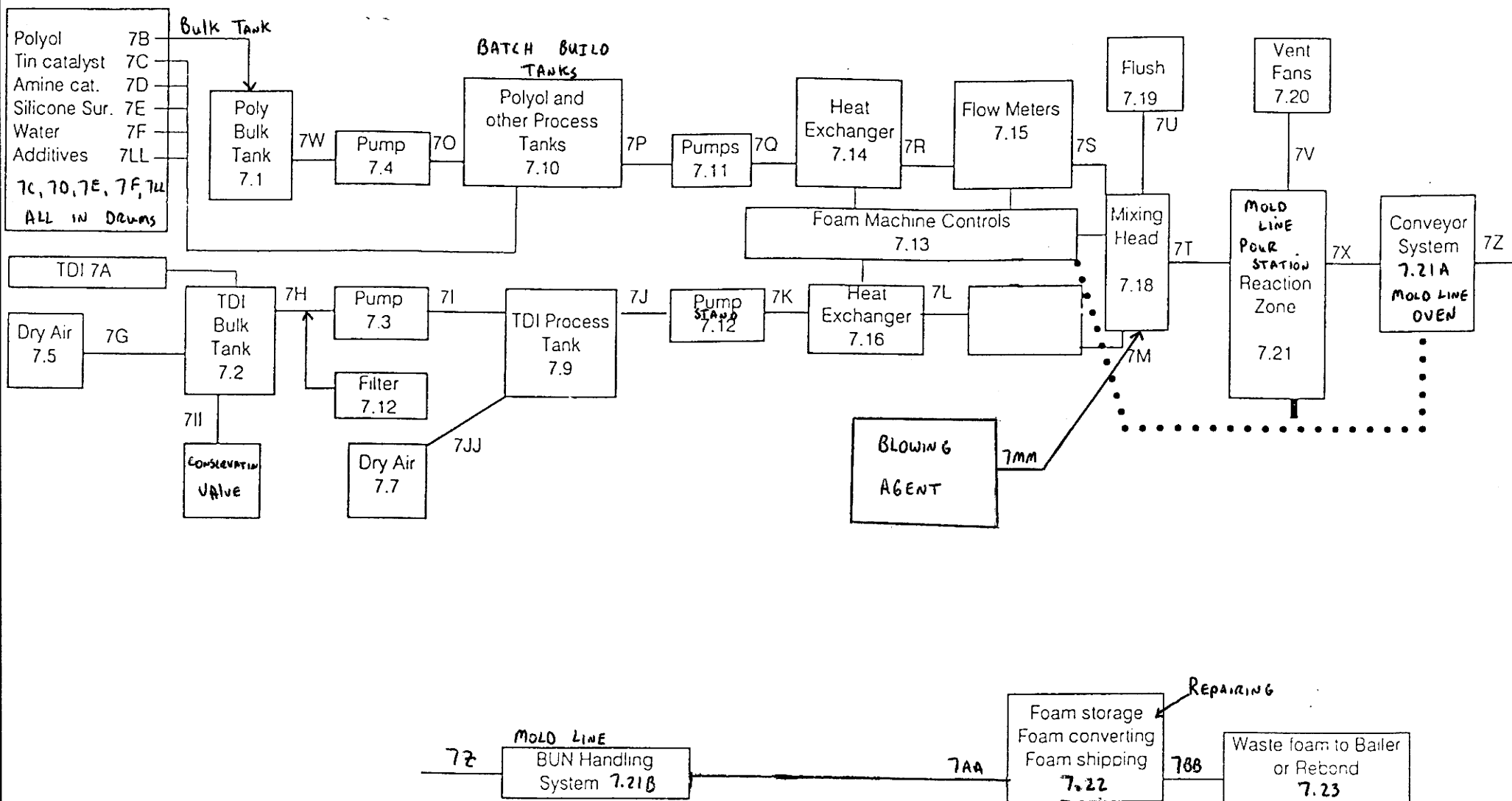
☐ Process type

☐ Mark (X) this box if you attach a continuation sheet.

7.01 PROCESSOR

Process Type: FLEXIBLE FOAM SEAT Molding Operation

Intermediates: None



Bulk Tanks NOT OPEN TO ATMOSPHERE

99.5% CURED

7.02 In accordance with the instructions, provide a separate process block flow diagram showing each of the three major (greatest volume) process types involving the listed substance.

CBI

Response NOT REQUIRED FOR TOI

☐ Process type

☐ Mark (X) this box if you attach a continuation sheet.

7.03 In accordance with the instructions, provide a process block flow diagram showing all process emission streams and emission points that contain the listed substance and which, if combined, would total at least 90 percent of all facility emissions if not treated before emission into the environment. If all such emissions are released from one process type, provide a process block flow diagram using the instructions for question 7.01. If all such emissions are released from more than one process type, provide a process block flow diagram showing each process type as a separate block.

CBI

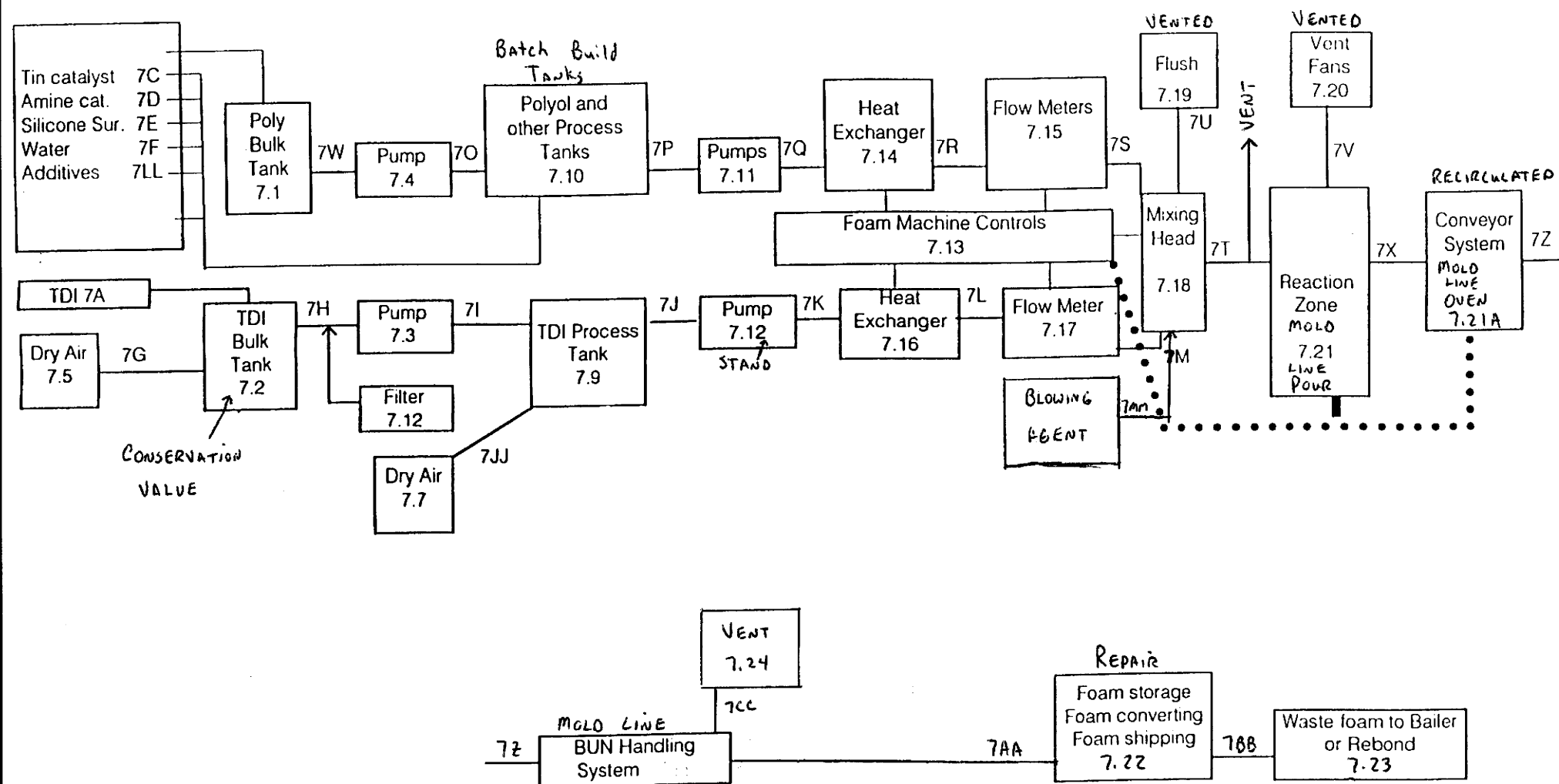
☐ Process type

☐ Mark (X) this box if you attach a continuation sheet.

7.03 EMISSIONS

Process Type: Flexible Slabstock Polyurethane Foam Manufacturing Process

Intermediates: None



TDI EMISSIONS

- 7.6 TDI Bulk Tank Vent
- 7.8 Process Tank Vent
- 7.3, 7.12 TDI Pump Seals
- 7.20 Reaction Zone Vent Fans
- 7.23 Conveyor System Vent Fans
- 7.24 Heat Bank Vent Fan

- 7.27 Cut Off Saw Vent Fan
- 7.30 Curing Area Vent Fans
- 7.33 TDI Filter

7.04 Describe the typical equipment types for each unit operation identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

☐ Process type TOI - Foam SEAT Molding Operation

Unit Operation ID Number	Typical Equipment Type	Operating Temperature Range (°C)	Operating Pressure Range (mm Hg)	Vessel Composition
7.3	Centrifugal Chem	25	2,590	Steel
7.12	* Cartridge Filter	20	850	Steel
7.13	** Computer (PC) Control	N/A	N/A	N/A
7.16	Tube Heat Exchanger	21	2,585	Stainless
7.17	Flow Meter (Not Used)	N/A	N/A	N/A
7.18	Multi Stream Head	21	3,619	Stainless
7.21	Open Pour Mold	60	760	Aluminum
7.21 A	Gas Fired Recirculating Oven 149		760	Steel
7.21 B	Roller bar Crusher	20	760	Steel

* Cuno-type Cartridge Filter

** PD8 and PD14 Computer

☐ Mark (X) this box if you attach a continuation sheet.

7.05 Describe each process stream identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

☐ Process type TOI - Foam Seat Molding Operation

Process Stream ID Code	Process Stream Description	Physical State ¹	Stream Flow (kg/yr)
7H, 7I, 7J, 7K, 7L, 7T	TOI	OL	700,818

¹Use the following codes to designate the physical state for each process stream:

GC = Gas (condensable at ambient temperature and pressure)
 GU = Gas (uncondensable at ambient temperature and pressure)
 SO = Solid
 SY = Sludge or slurry
 AL = Aqueous liquid
 OL = Organic liquid
 IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

☐ Mark (X) this box if you attach a continuation sheet.

7.06 Characterize each process stream identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the CBI instructions for further explanation and an example.)

☐ Process type TDI - Foam Seat Molding Operation

a.	b.	c.	d.	e.
Process Stream ID Code	Known Compounds ¹	Concentrations ^{2,3} (% or ppm)	Other Expected Compounds	Estimated Concentrations (% or ppm)
<u>7K</u>	<u>TDI</u>	<u>100%</u>	<u>N/A</u>	<u>N/A</u>
<u>7L</u>	<u>TDI</u>	<u>100%</u>	<u>N/A</u>	<u>N/A</u>
<u>7T</u>	<u>TDI</u>	<u>100%</u>	<u>N/A</u>	<u>N/A</u>
	<u>Silicon</u>			
	<u>Tin Catalyst</u>			
	<u>Blowing Agent</u>			
	<u>Amire, Polyol</u>			

7.06 continued below

☒ Mark (X) this box if you attach a continuation sheet.

7.06 Characterize each process stream identified in your process block flow diagram(s).
 If a process block flow diagram is provided for more than one process type, photocopy
 this question and complete it separately for each process type. (Refer to the
CBI instructions for further explanation and an example.)

☐ Process type TDI - Foam SEAT Molding Operation

a.	b.	c.	d.	e.
Process Stream ID Code	Known Compounds ¹	Concen- trations ^{2,3} (% or ppm)	Other Expected Compounds	Estimated Concentrations (% or ppm)
<u>74</u>	<u>TDI</u>	<u>100%</u>	<u>NA</u>	<u>NA</u>
<u>71</u>	<u>TDI</u>	<u>100%</u>	<u>NA</u>	<u>NA</u>
<u>75</u>	<u>TDI</u>	<u>100%</u>	<u>NA</u>	<u>NA</u>

7.06 continued below

☐ Mark (X) this box if you attach a continuation sheet.

7.06 (continued)

¹For each additive package introduced into a process stream, specify the compounds that are present in each additive package, and the concentration of each component. Assign an additive package number to each additive package and list this number in column b. (Refer to the instructions for further explanation and an example. Refer to the glossary for the definition of additive package.)

<u>Additive Package Number</u>	<u>Components of Additive Package</u>	<u>Concentrations (% or ppm)</u>
<u>1</u>		
<u>2</u>		
<u>3</u>		
<u>4</u>		
<u>5</u>		

²Use the following codes to designate how the concentration was determined:

A = Analytical result
E = Engineering judgement/calculation

³Use the following codes to designate how the concentration was measured:

V = Volume
W = Weight

☐ Mark (X) this box if you attach a continuation sheet.

PART A RESIDUAL TREATMENT PROCESS DESCRIPTION

8.01 In accordance with the instructions, provide a residual treatment block flow diagram which describes the treatment process used for residuals identified in question 7.01.

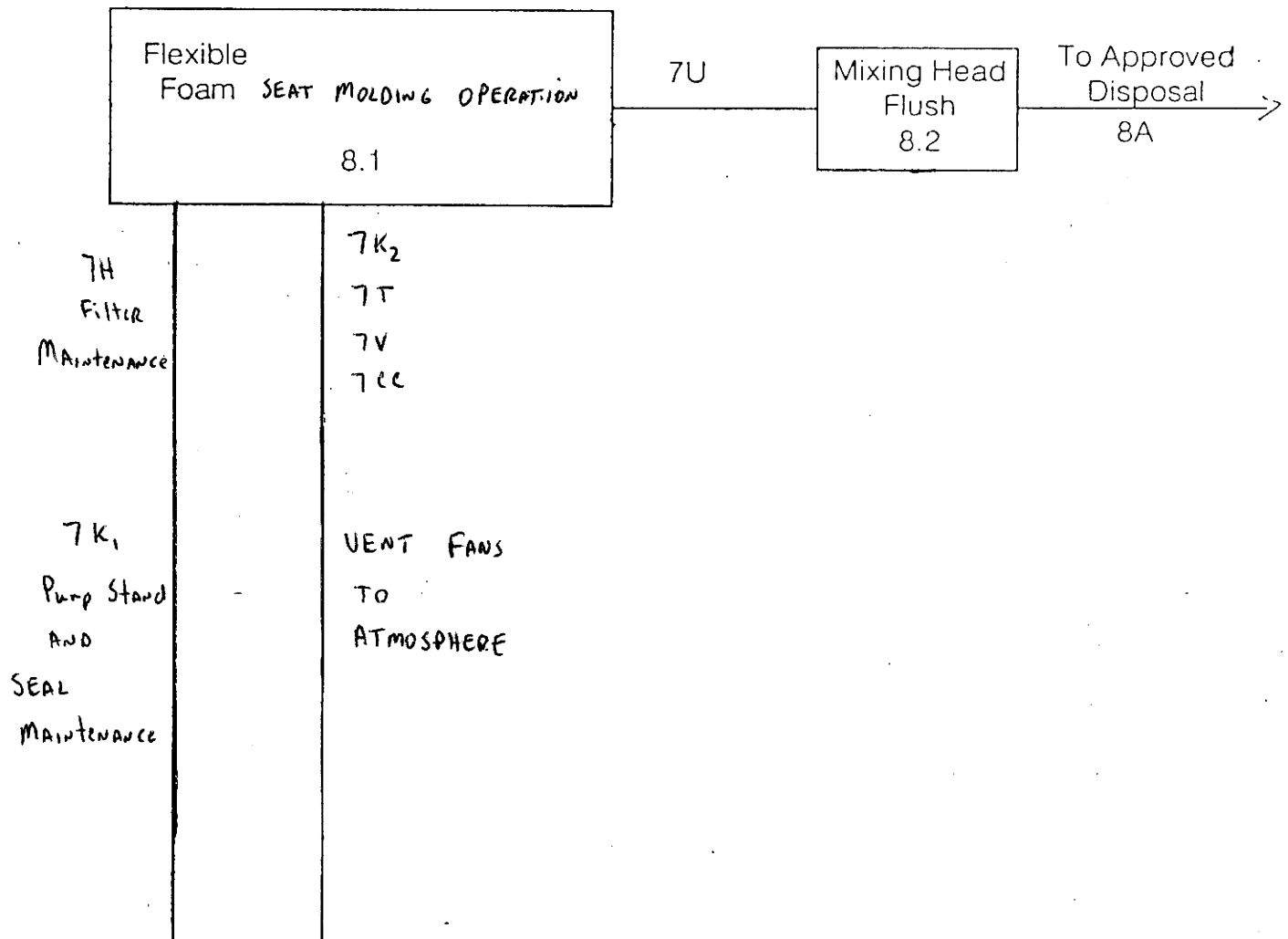
CBI

☐ Process type

☐ Mark (X) this box if you attach a continuation sheet.

8.01

PROCESS TYPE: TOI - FLEXIBLE FOAM SEAT MOLDING OPERATION



PART B RESIDUAL GENERATION AND CHARACTERIZATION

8.05 Characterize each process stream identified in your residual treatment block flow diagram(s). If a residual treatment block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the instructions for further explanation and an example.)

☐ Process type

a.	b.	c.	d.	e.	f.	g.
Stream ID Code	Type of Hazardous Waste ¹	Physical State of Residual ²	Known Compounds ³	Concentrations (% or ppm) ^{4,5,6}	Other Expected Compounds	Estimated Concentrations (% or ppm)
* 7H	N/A	OL	TDI	100%	NA	NA
* 7K ₁	N/A	OL	TDI	100%	NA	NA
7K ₂	N/A	GU	TDI	.005 ppm	NA	NA
7T, 7V, 7CC						
8A	FOOZ	OL	TDI	100%	NA	NA
			1,1,1 Trichloroethane			
			Polyol			
			Foam			

8.05 continued below

* RECYCLED AND SOLD TO CARPET MANUF.
NOT A HAZARDOUS WASTE

☐ Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

¹Use the following codes to designate the type of hazardous waste:

I = Ignitable
C = Corrosive
R = Reactive
E = EP toxic
T = Toxic
H = Acutely hazardous

²Use the following codes to designate the physical state of the residual:

GC = Gas (condensable at ambient temperature and pressure)
GU = Gas (uncondensable at ambient temperature and pressure)
SO = Solid
SY = Sludge or slurry
AL = Aqueous liquid
OL = Organic liquid
IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

8.05 continued below

☐ Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

³For each additive package introduced into a process stream, specify the compounds that are present in each additive package, and the concentration of each component. Assign an additive package number to each additive package and list this number in column d. (Refer to the instructions for further explanation and an example. Refer to the glossary for the definition of additive package.)

<u>Additive Package Number</u>	<u>Components of Additive Package</u>	<u>Concentrations (% or ppm)</u>
<u>1</u>		
<u>2</u>		
<u>3</u>		
<u>4</u>		
<u>5</u>		

⁴Use the following codes to designate how the concentration was determined:

A = Analytical result

E = Engineering judgement/calculation

8.05 continued below

☐ Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

⁵Use the following codes to designate how the concentration was measured:

V = Volume

W = Weight

⁶Specify the analytical test methods used and their detection limits in the table below. Assign a code to each test method used and list those codes in column e.

<u>Code</u>	<u>Method</u>	<u>Detection Limit</u> <u>(\pm ug/l)</u>
<u>1</u>	<hr/>	<hr/>
<u>2</u>	<hr/>	<hr/>
<u>3</u>	<hr/>	<hr/>
<u>4</u>	<hr/>	<hr/>
<u>5</u>	<hr/>	<hr/>
<u>6</u>	<hr/>	<hr/>

☐ Mark (X) this box if you attach a continuation sheet.

8.06 Characterize each process stream identified in your residual treatment block flow diagram(s). If a residual treatment block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the instructions for further explanation and an example.)

CBI

☐ Process type

a.	b.	c.	d.	e.		f.	g.
Stream ID Code	Waste Description Code ¹	Management Method Code ²	Residual Quantities (kg/yr)	Management of Residual (%)		Costs for Off-Site Management (per kg)	Changes in Management Methods
7H, 7K,	B70	M6	25,914		100%	NA	NA
7K ₂ , 7T,	B91	MSA	2.6	NA	NA	NA	NA
7V, 7C							
8A	B70	M6					

¹Use the codes provided in Exhibit 8-1 to designate the waste descriptions

²Use the codes provided in Exhibit 8-2 to designate the management methods

☐ Mark (X) this box if you attach a continuation sheet.

Response NOT Required FOR TOI

8.22 Describe the combustion chamber design parameters for each of the three largest (by capacity) incinerators that are used on-site to burn the residuals identified in your process block or residual treatment block flow diagram(s).

☐

<u>Incinerator</u>	<u>Combustion Chamber Temperature (°C)</u>		<u>Location of Temperature Monitor</u>		<u>Residence Time In Combustion Chamber (seconds)</u>	
	<u>Primary</u>	<u>Secondary</u>	<u>Primary</u>	<u>Secondary</u>	<u>Primary</u>	<u>Secondary</u>
<u>1</u>	_____	_____	_____	_____	_____	_____
<u>2</u>	_____	_____	_____	_____	_____	_____
<u>3</u>	_____	_____	_____	_____	_____	_____

Indicate if Office of Solid Waste survey has been submitted in lieu of response by circling the appropriate response.

Yes 1

No 2

8.23 Complete the following table for the three largest (by capacity) incinerators that are used on-site to burn the residuals identified in your process block or residual treatment block flow diagram(s).

☐

<u>Incinerator</u>	<u>Air Pollution Control Device¹</u>	<u>Types of Emissions Data Available</u>
<u>1</u>	_____	_____
<u>2</u>	_____	_____
<u>3</u>	_____	_____

Indicate if Office of Solid Waste survey has been submitted in lieu of response by circling the appropriate response.

Yes 1

No 2

¹Use the following codes to designate the air pollution control device:

S = Scrubber (include type of scrubber in parenthesis)

E = Electrostatic precipitator

O = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

PART A EMPLOYMENT AND POTENTIAL EXPOSURE PROFILE

9.01 Mark (X) the appropriate column to indicate whether your company maintains records on the following data elements for hourly and salaried workers. Specify for each data element the year in which you began maintaining records and the number of years the records for that data element are maintained. (Refer to the instructions for further explanation and an example.)

CBI

☐

Data Element	Data are Maintained for:		Year in Which Data Collection Began	Number of Years Records Are Maintained
	Hourly Workers	Salaried Workers		
Date of hire	X	X	1950	20
Age at hire	X	X	1950	20
Work history of individual before employment at your facility	X	X	1950	10
Sex	X	X	1950	20
Race	X	X	1950	20
Job titles	X	X	1950	20
Start date for each job title	X	X	1950	20
End date for each job title	X	X	1950	20
Work area industrial hygiene monitoring data	X	X	1972	30
Personal employee monitoring data	X	X	1972	30
Employee medical history	X	X	1950	30
Employee smoking history	X	X	1950	30
Accident history	X	X	1950	7
Retirement date	X	X	1950	20
Termination date	X	X	1950	20
Vital status of retirees	NA	NA	NA	NA
Cause of death data	NA	NA	NA	NA

☐ Mark (X) this box if you attach a continuation sheet.

9.02 In accordance with the instructions, complete the following table for each activity in which you engage.

CBI

☐

a.	b.	c.	d.	e.
<u>Activity</u>	<u>Process Category</u>	<u>Yearly Quantity (kg)</u>	<u>Total Workers</u>	<u>Total Worker-Hours</u>
Manufacture of the listed substance	Enclosed	_____	_____	_____
	Controlled Release	_____	_____	_____
	Open	_____	_____	_____
On-site use as reactant	Enclosed	_____	_____	_____
	Controlled Release	_____	_____	_____
	Open	_____	_____	_____
On-site use as nonreactant	Enclosed	_____	_____	_____
	Controlled Release	_____	_____	_____
	Open	_____	_____	_____
On-site preparation of products	Enclosed	_____	_____	_____
	Controlled Release	<u>3,212,000</u>	<u>80</u>	<u>320,000</u>
	Open	_____	_____	_____

☐ Mark (X) this box if you attach a continuation sheet.

9.03 Provide a descriptive job title for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance.

CBI

☐

Labor Category

Descriptive Job Title

A

Former Operator

B

Wire Load (INSERT prep)

C

LOAD / UNLOAD

D

Demold

E

DEBUN

F

Pump STAND

G

Production Audit

H

Quality Checker

I

Repair AND Salvage

J

Process Control, SET-up AND INSTRUCT

☐ Mark (X) this box if you attach a continuation sheet.

9.04 In accordance with the instructions, provide your process block flow diagram(s) and indicate associated work areas.

CBI

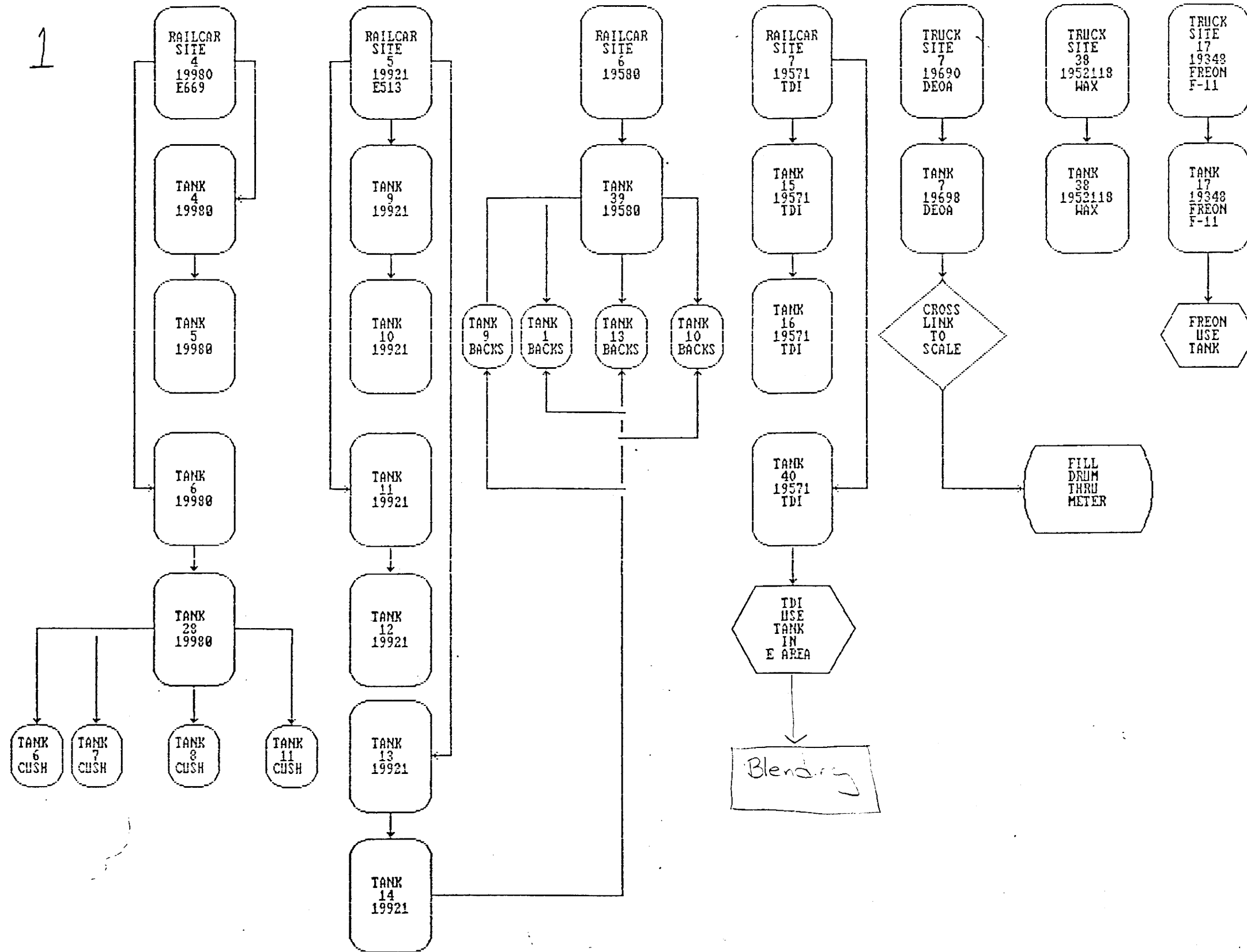
☐ Process type TOI - FOAM SEAT Molding Operation

- 1) Bulk STORAGE
- 2) Compounding - Polyol
- 3) Compounding - Additives
- 4) Molding Operation
- 5) Reop And REPAIR

☐ Mark (X) this box if you attach a continuation sheet.

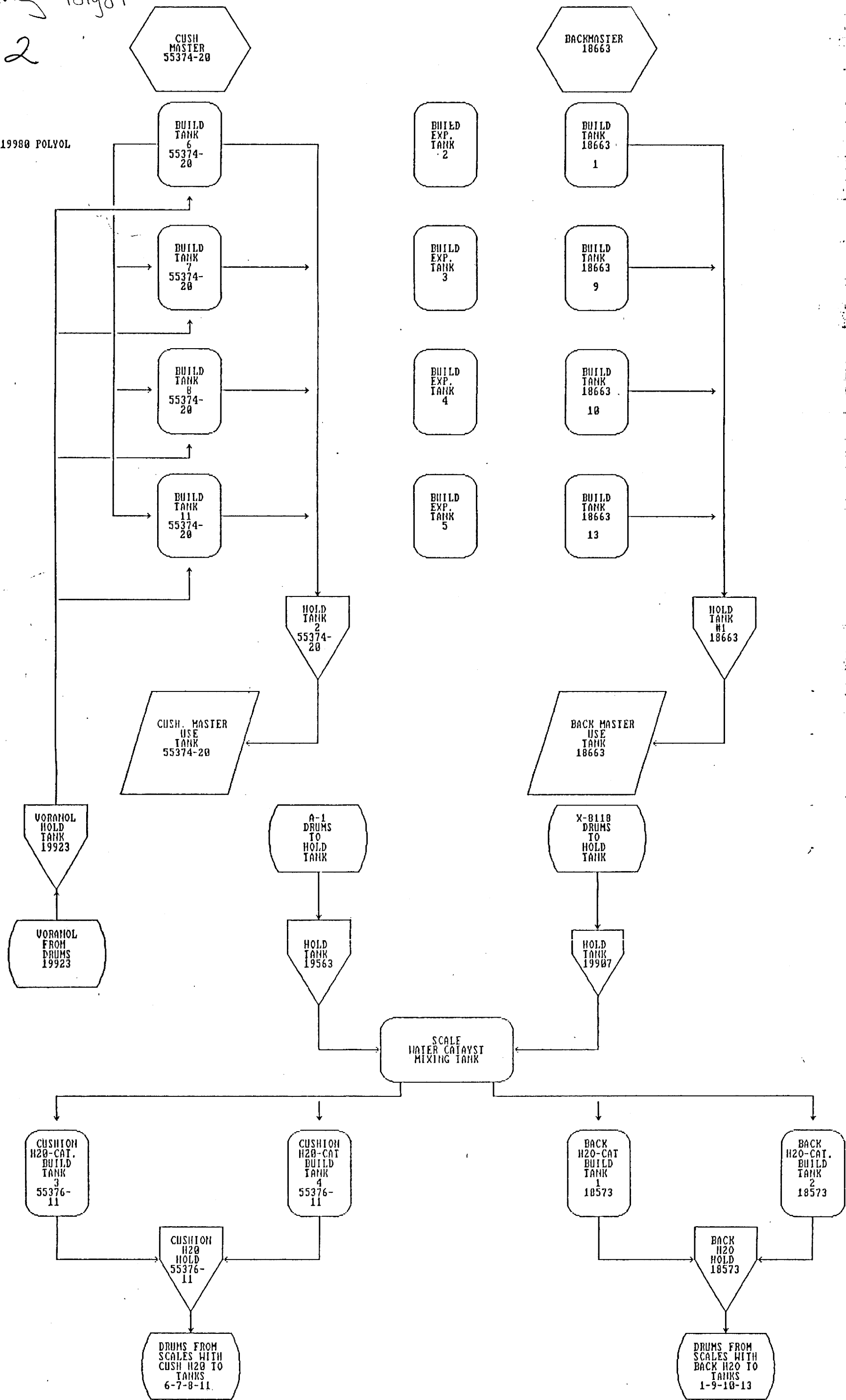
Bulk Storage

1



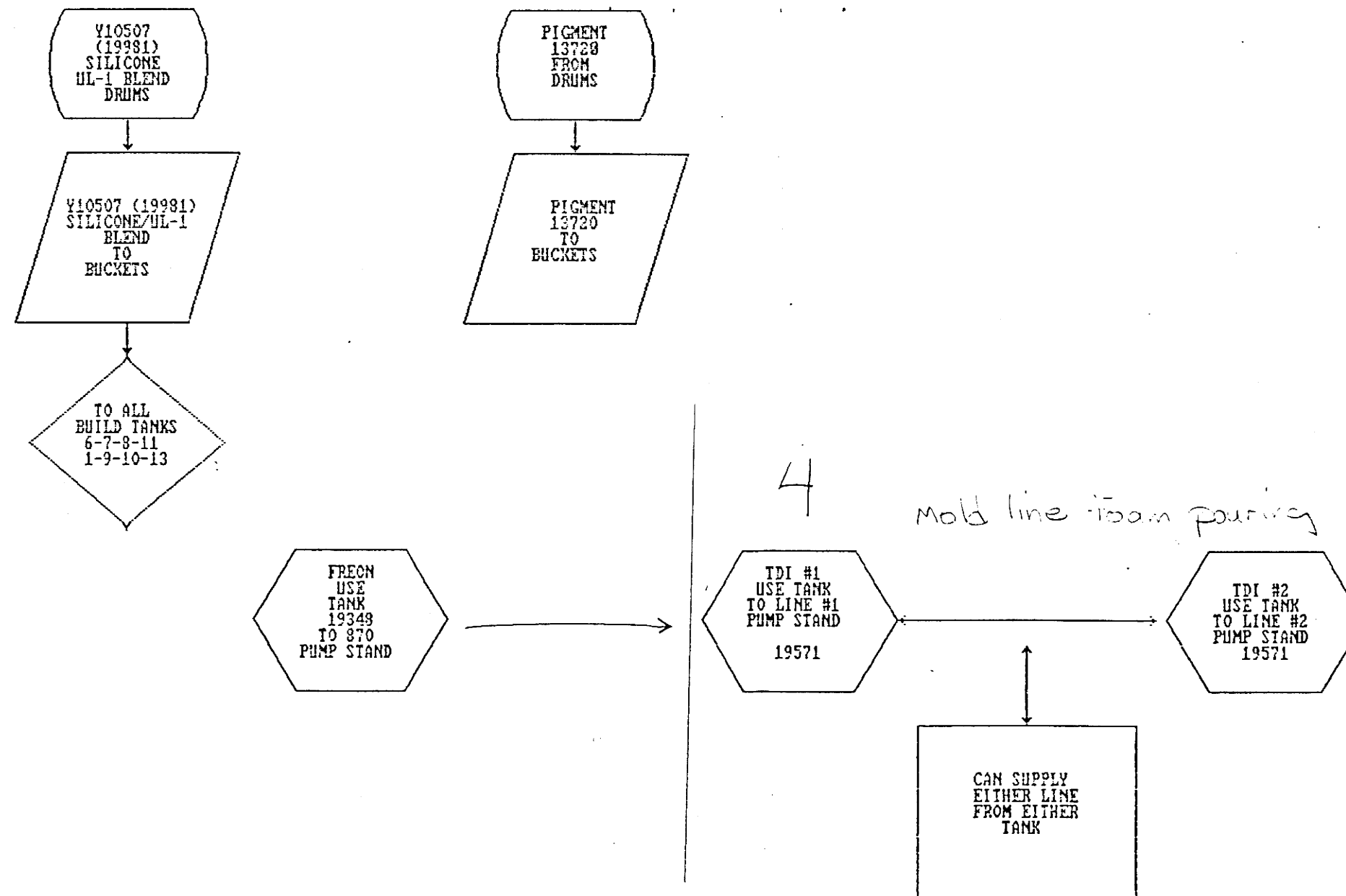
Blending - Polyol

19980 POLYOL



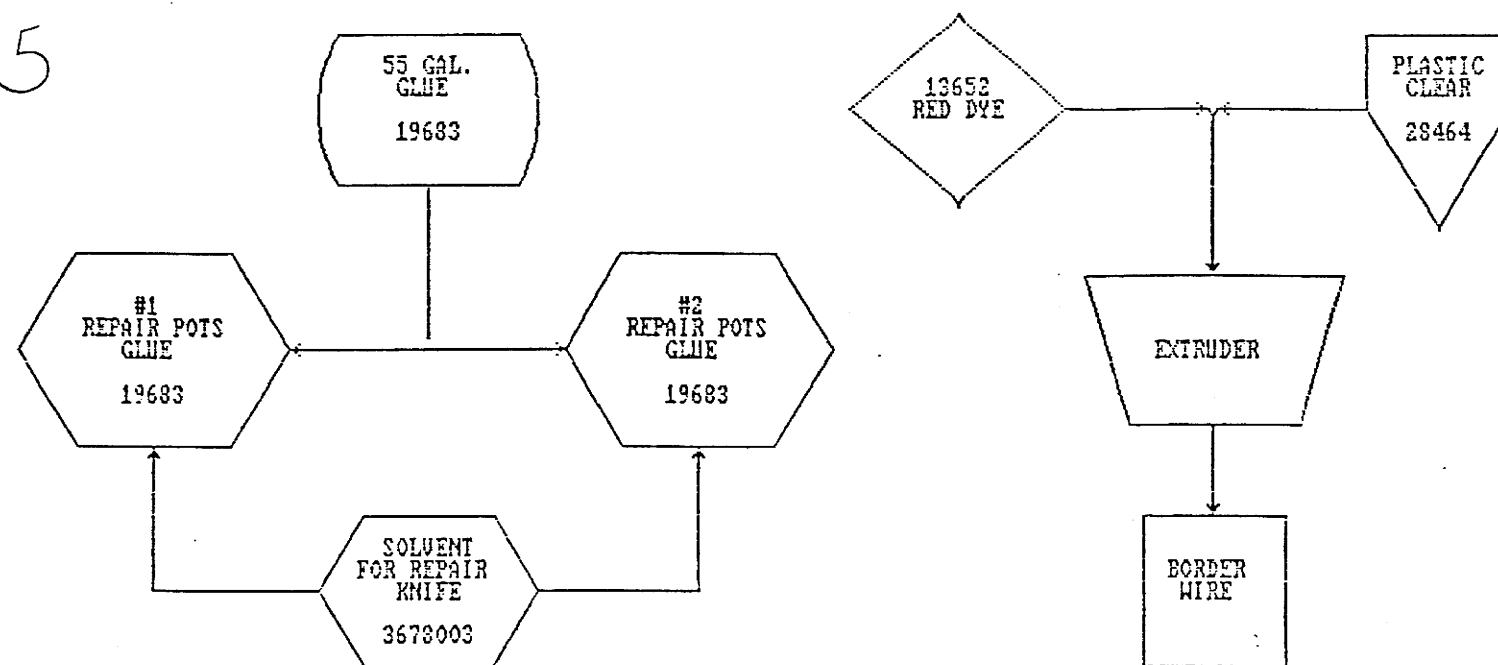
Blending - E Area
Compounding

3



874 REPAIR & EXTRUDER MATERIALS FLOW

5



- 9.05 Describe the various work area(s) shown in question 9.04 that encompass workers who may potentially come in contact with or be exposed to the listed substance. Add any additional areas not shown in the process block flow diagram in question 7.01 or 7.02. Photocopy this question and complete it separately for each process type.

CBI

☐ Process type TDI - FOAM SEAT Molding

Work Area ID

Description of Work Areas and Worker Activities

1	THE UNLOADING FROM RAILCARS AND/OR TRUCKS TO BULK STORAGE TANKS. Workers Monitor Fill Gauges
2	Bulk Handling system To blend Polyol and other Foam SEAT Additives TO BE MIXED AT FOAM STATION LINE.
3	Bulk Handling system to blend TDI AND related Components for mixing AT FOAMER Station (WORKERS monitor gauges)
4	In line mixing of all bulk systems to open pour molding station workers assist in maintaining computerized operation.
5	Workers cut, trim and fit comparable size pieces from salvaged material and replaces defective part using adhesive
6	
7	
8	
9	
10	

☐ Mark (X) this box if you attach a continuation sheet.

9.06 Complete the following table for each work area identified in question 9.05, and for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type

Work area

Labor Category	Number of Workers Exposed	Mode of Exposure (e.g., direct skin contact)	Physical State of Listed Substance ¹	Average Length of Exposure Per Day ²	Number of Days per Year Exposed
A	6	inhalation / skin	OL / GU	E	146
B	16	inhalation	NA	F	146
C	8	inhalation	SO	E	146
D	4	inhalation	SO / GU	E	146
E	8	inhalation	SO / GU	E	146
F	1	inhalation	OL / GU	B	146
G	2	inhalation	SO	C	146
H	1	inhalation / skin	OL / GU	C	146
I	6	inhalation	SO	B	146
J	4	inhalation	SO / GU / OL	E	146

¹Use the following codes to designate the physical state of the listed substance at the point of exposure:

GC = Gas (condensable at ambient temperature and pressure)
 GU = Gas (uncondensable at ambient temperature and pressure; includes fumes, vapors, etc.)
 SO = Solid

SY = Sludge or slurry
 AL = Aqueous liquid
 OL = Organic liquid
 IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

²Use the following codes to designate average length of exposure per day:

A = 15 minutes or less
 B = Greater than 15 minutes, but not exceeding 1 hour
 C = Greater than one hour, but not exceeding 2 hours

D = Greater than 2 hours, but not exceeding 4 hours
 E = Greater than 4 hours, but not exceeding 8 hours
 F = Greater than 8 hours

☐ Mark (X) this box if you attach a continuation sheet.

CBI

[illegible]

94

9.07 For each labor category represented in question 9.06, indicate the 8-hour Time Weighted Average (TWA) exposure levels and the 15-minute peak exposure levels. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type TDI FOAM SEAT MOLDING

Work area Compounding

Labor Category	8-hour TWA Exposure Level (ppm, mg/m ³ , other-specify)	15-Minute Peak Exposure Level (ppm, mg/m ³ , other-specify)
F	< .005 ppm	< 0.01 ppm
G	< .001 ppm	< .001 ppm
H	< .002 ppm	< .005 ppm
J	< .002 ppm	< 0.01 ppm

☒ Mark (X) this box if you attach a continuation sheet.

9.07 For each labor category represented in question 9.06, indicate the 8-hour Time Weighted Average (TWA) exposure levels and the 15-minute peak exposure levels. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type TDI - Foam SEAT Molding
 Work area Molding

Labor Category	8-hour TWA Exposure Level (ppm, mg/m ³ , other-specify)	15-Minute Peak Exposure Level (ppm, mg/m ³ , other-specify)
A	< 0.003 ppm	.007 ppm
B	< 0.002 ppm	< 0.005 ppm
C	< 0.002 ppm	< 0.005 ppm
D	< 0.003 ppm	< 0.005 ppm
E	< 0.003 ppm	< 0.005 ppm

☒ Mark (X) this box if you attach a continuation sheet.

CBI

Work area RE-OP AND Repair

☒ Mark (X) this box if you attach a continuation sheet.

PART B WORK PLACE MONITORING PROGRAM

9.08 If you monitor worker exposure to the listed substance, complete the following table.

CBI

[]

Sample/Test	Work Area ID	Testing Frequency (per year)	Number of Samples (per test)	Who Samples ¹	Analyzed In-House (Y/N)	Number of Years Records Maintained
Personal breathing zone	1	12	1	A/D	Y	30
General work area (air)	1	12	1	A/D	Y	30
Wipe samples	NA	NA	NA	NA	NA	NA
Adhesive patches	NA	NA	NA	NA	NA	NA
Blood samples	NA	NA	NA	NA	NA	NA
Urine samples	NA	NA	NA	NA	NA	NA
Respiratory samples	NA	NA	NA	NA	NA	NA
Allergy tests	NA	NA	NA	NA	NA	NA
Other (specify)						
Other (specify)						
Other (specify)						

¹Use the following codes to designate who takes the monitoring samples:

A = Plant industrial hygienist

B = Insurance carrier

C = OSHA consultant

D = Other (specify) PROCESS ENGINEER

[X] Mark (X) this box if you attach a continuation sheet.

PART B WORK PLACE MONITORING PROGRAM

9.08 If you monitor worker exposure to the listed substance, complete the following table.

CBI

☐

Sample/Test	Work Area ID	Testing Frequency (per year)	Number of Samples (per test)	Who Samples ¹	Analyzed In-House (Y/N)	Number of Years Records Maintained
Personal breathing zone	2	12	1	A/D	Y	30
General work area (air)	2	12	1	A/D	Y	30
Wipe samples	NA	NA	NA	NA	NA	NA
Adhesive patches	NA	NA	NA	NA	NA	NA
Blood samples	NA	NA	NA	NA	NA	NA
Urine samples	NA	NA	NA	NA	NA	NA
Respiratory samples	NA	NA	NA	NA	NA	NA
Allergy tests	NA	NA	NA	NA	NA	NA
Other (specify)						
Other (specify)						
Other (specify)						

¹Use the following codes to designate who takes the monitoring samples:

A = Plant industrial hygienist

B = Insurance carrier

C = OSHA consultant

D = Other (specify) Process Engineer

☒ Mark (X) this box if you attach a continuation sheet.

PART B WORK PLACE MONITORING PROGRAM

9.08 If you monitor worker exposure to the listed substance, complete the following table.

CBI

[]

Sample/Test	Work Area ID	Testing Frequency (per year)	Number of Samples (per test)	Who Samples ¹	Analyzed In-House (Y/N)	Number of Years Records Maintained
Personal breathing zone	3	12	1	A/D	Y	30
General work area (air)	3	12	1	A/D	Y	30
Wipe samples	NA	NA	NA	NA	NA	NA
Adhesive patches	NA	NA	NA	NA	NA	NA
Blood samples	NA	NA	NA	NA	NA	NA
Urine samples	NA	NA	NA	NA	NA	NA
Respiratory samples	NA	NA	NA	NA	NA	NA
Allergy tests	NA	NA	NA	NA	NA	NA
Other (specify)						
Other (specify)						
Other (specify)						

¹Use the following codes to designate who takes the monitoring samples:

A = Plant industrial hygienist

B = Insurance carrier

C = OSHA consultant

D = Other (specify) Process Engineer

[X] Mark (X) this box if you attach a continuation sheet.

PART B WORK PLACE MONITORING PROGRAM

9.08 If you monitor worker exposure to the listed substance, complete the following table.

CBI

☐

Sample/Test	Work Area ID	Testing Frequency (per year)	Number of Samples (per test)	Who Samples ¹	Analyzed In-House (Y/N)	Number of Years Records Maintained
Personal breathing zone	4	12	1	A/D	Y	30
General work area (air)	4	12	1	A/D	Y	30
Wipe samples	NA	NA	NA	NA	NA	NA
Adhesive patches	NA	NA	NA	NA	NA	NA
Blood samples	NA	NA	NA	NA	NA	NA
Urine samples	NA	NA	NA	NA	NA	NA
Respiratory samples	NA	NA	NA	NA	NA	NA
Allergy tests	NA	NA	NA	NA	NA	NA
Other (specify)						
Other (specify)						
Other (specify)						

¹Use the following codes to designate who takes the monitoring samples:

A = Plant industrial hygienist

B = Insurance carrier

C = OSHA consultant

D = Other (specify) Process Engineer

☒ Mark (X) this box if you attach a continuation sheet.

PART B WORK PLACE MONITORING PROGRAM

9.08 If you monitor worker exposure to the listed substance, complete the following table.

CBI

☐

Sample/Test	Work Area ID	Testing Frequency (per year)	Number of Samples (per test)	Who Samples ¹	Analyzed In-House (Y/N)	Number of Years Records Maintained
Personal breathing zone	5	12	1	A/D	Y	30
General work area (air)	5	12	1	A/D	Y	30
Wipe samples	NA	NA	NA	NA	NA	NA
Adhesive patches	NA	NA	NA	NA	NA	NA
Blood samples	NA	NA	NA	NA	NA	NA
Urine samples	NA	NA	NA	NA	NA	NA
Respiratory samples	NA	NA	NA	NA	NA	NA
Allergy tests	NA	NA	NA	NA	NA	NA
Other (specify)						
Other (specify)						
Other (specify)						

¹Use the following codes to designate who takes the monitoring samples:

A = Plant industrial hygienist

B = Insurance carrier

C = OSHA consultant

D = Other (specify) Process Engineer

☒ Mark (X) this box if you attach a continuation sheet.

9.09 For each sample type identified in question 9.08, describe the type of sampling and analytical methodology used for each type of sample.

<input type="checkbox"/> Sample Type	Sampling and Analytical Methodology
Personal	NIOSH Mancoli Method - MDA Scientific 7005/4000 mcw
General	MDA Scientific Paper Tape - 7005/4000 mcw

9.10 If you conduct personal and/or ambient air monitoring for the listed substance, specify the following information for each equipment type used.

CBI

<input type="checkbox"/> Equipment Type ¹	Detection Limit ²	Manufacturer	Averaging Time (hr)	Model Number
D	ppm	MDA Scientific	6 1/2 hrs	7005
D	ppm	MDA Scientific	6 1/2 hrs	4000 mcw

¹Use the following codes to designate personal air monitoring equipment types:

A = Passive dosimeter

B = Detector tube

C = Charcoal filtration tube with pump

D = Other (specify) MDA Scientific Paper Tape Monitor

Use the following codes to designate ambient air monitoring equipment types:

E = Stationary monitors located within work area

F = Stationary monitors located within facility

G = Stationary monitors located at plant boundary

H = Mobile monitoring equipment (specify) _____

I = Other (specify) _____

²Use the following codes to designate detection limit units:

A = ppm

B = Fibers/cubic centimeter (f/cc)

C = Micrograms/cubic meter (µ/m³)

☐ Mark (X) this box if you attach a continuation sheet.

9.11 If you conduct routine medical tests for monitoring the health effects of exposure to the listed substance, specify the type and frequency of the tests.

CBI

<input type="checkbox"/>	<u>Test Description</u>	<u>Frequency</u> (weekly, monthly, yearly, etc.)
	NA	NA

☐ Mark (X) this box if you attach a continuation sheet.

PART C ENGINEERING CONTROLS

9.12 Describe the engineering controls that you use to reduce or eliminate worker exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type TOI FOAM SEAT Molding

Work area Bulk Storage

<u>Engineering Controls</u>	<u>Used (Y/N)</u>	<u>Year Installed</u>	<u>Upgraded (Y/N)</u>	<u>Year Upgraded</u>
Ventilation:				
Local exhaust	<u>Y</u>	<u>1977</u>	<u>N</u>	<u>NA</u>
General dilution	<u>Y</u>	<u>1977</u>	<u>N</u>	<u>NA</u>
Other (specify)				
Vessel emission controls	<u>Y</u>	<u>1977</u>	<u>N</u>	<u>NA</u>
Mechanical loading or packaging equipment	<u>Y</u>	<u>1977</u>	<u>N</u>	<u>NA</u>
Other (specify)				

☒ Mark (X) this box if you attach a continuation sheet.

PART C ENGINEERING CONTROLS

9.12 Describe the engineering controls that you use to reduce or eliminate worker exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type TDI Foam SEAT Molding
 Work area Compounding

<u>Engineering Controls</u>	<u>Used (Y/N)</u>	<u>Year Installed</u>	<u>Upgraded (Y/N)</u>	<u>Year Upgraded</u>
Ventilation:				
Local exhaust	<u>Y</u>	<u>1977</u>	<u>Y</u>	<u>1979</u>
General dilution	<u>Y</u>	<u>1970</u>	<u>N</u>	<u>NA</u>
Other (specify) _____	_____	_____	_____	_____
Vessel emission controls	<u>Y</u>	<u>1960</u>	<u>N</u>	<u>NA</u>
Mechanical loading or packaging equipment	<u>Y</u>	<u>1960</u>	<u>Y</u>	<u>1970's</u>
Other (specify) _____	_____	_____	_____	_____

☒ Mark (X) this box if you attach a continuation sheet.

PART C ENGINEERING CONTROLS

9.12 Describe the engineering controls that you use to reduce or eliminate worker exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type TDI - Foam SEAT Molding

Work area Molding - Pouring

<u>Engineering Controls</u>	<u>Used (Y/N)</u>	<u>Year Installed</u>	<u>Upgraded (Y/N)</u>	<u>Year Upgraded</u>
Ventilation:				
Local exhaust	<u>Y</u>	<u>1960's</u>	<u>Y</u>	<u>1970's</u>
General dilution	<u>Y</u>	<u>1960's</u>	<u>Y</u>	<u>1970's</u>
Other (specify)				
<hr/>				
Vessel emission controls	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Mechanical loading or packaging equipment	<u>Y</u>	<u>1960's</u>	<u>Y</u>	<u>1970's</u>
Other (specify)				
<hr/>				

☒ Mark (X) this box if you attach a continuation sheet.

PART C ENGINEERING CONTROLS

9.12 Describe the engineering controls that you use to reduce or eliminate worker exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type TOI - FOAM SEAT Molding Operation

Work area RE-op + Repair

<u>Engineering Controls</u>	<u>Used (Y/N)</u>	<u>Year Installed</u>	<u>Upgraded (Y/N)</u>	<u>Year Upgraded</u>
Ventilation:				
Local exhaust	<u>Y</u>	<u>1960's</u>	<u>Y</u>	<u>1970's</u>
General dilution	<u>Y</u>	<u>1960's</u>	<u>Y</u>	<u>1970's</u>
Other (specify)				
Vessel emission controls	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Mechanical loading or packaging equipment	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Other (specify)				

☐ Mark (X) this box if you attach a continuation sheet.

9.13 Describe all equipment or process modifications you have made within the 3 years prior to the reporting year that have resulted in a reduction of worker exposure to the listed substance. For each equipment or process modification described, state the percentage reduction in exposure that resulted. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type TDI FOAM SEAT Molding Operation

Work area Bulk Storage

<u>Equipment or Process Modification</u>	<u>Reduction in Worker Exposure Per Year (%)</u>
<u>Bulk Storage building constructed in 1977</u>	<u>20-30% Vapor</u>
<u>equipped w/ Alarms and monitoring systems.</u>	<u>Conc.</u>
<u>At Rail siding - ceiling fans, Alarm and monitoring</u>	
<u>System</u>	

☐ Mark (X) this box if you attach a continuation sheet.

- 9.13 Describe all equipment or process modifications you have made within the 3 years prior to the reporting year that have resulted in a reduction of worker exposure to the listed substance. For each equipment or process modification described, state the percentage reduction in exposure that resulted. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type TDI FOAM SEAT Molding

Work area Compounding

Equipment or Process Modification	Reduction in Worker Exposure Per Year (%)
<u>Local exhaust ventilation at inspection ports</u>	<u>20-30 %</u>
<u>And Quality Control Stations, Signs/Labels</u>	<u>VAPOR CONC.</u>
<u>posted and computerized TRAUSTER system.</u>	

☒ Mark (X) this box if you attach a continuation sheet.

9.13 Describe all equipment or process modifications you have made within the 3 years prior to the reporting year that have resulted in a reduction of worker exposure to the listed substance. For each equipment or process modification described, state the percentage reduction in exposure that resulted. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type TDI Foam Seat Molding

Work area Mold-pour station

Equipment or Process Modification	Reduction in Worker Exposure Per Year (%)
<u>Improved layout - installation of 2 x 50 CFM</u>	
<u>Fans, metal work to direct Air flow, computer</u>	
<u>pour control, workpractices/education etc.</u>	

☒ Mark (X) this box if you attach a continuation sheet.

- 9.13 Describe all equipment or process modifications you have made within the 3 years prior to the reporting year that have resulted in a reduction of worker exposure to the listed substance. For each equipment or process modification described, state the percentage reduction in exposure that resulted. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type TDI FOAM SEAT Molding Operation

Work area Re-op + Repair

Equipment or Process Modification	Reduction in Worker Exposure Per Year (%)
<u>LOCAL Exhaust At glue pots, ergonomic</u>	<u>NA</u>
<u>design</u>	

☐ Mark (X) this box if you attach a continuation sheet.

PART D PERSONAL PROTECTIVE AND SAFETY EQUIPMENT

9.14 Describe the personal protective and safety equipment that your workers wear or use in each work area in order to reduce or eliminate their exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type TDI - FOAM SEAT Molding Operation
Work area Bulk Storage

<u>Equipment Types</u>	<u>Wear or Use (Y/N)</u>
Respirators	<u>Y</u>
Safety goggles/glasses	<u>Y</u>
Face shields	<u>Y</u>
Coveralls	<u>Y</u>
Bib aprons	<u>N</u>
Chemical-resistant gloves	<u>Y</u>
Other (specify)	
_____	_____
_____	_____

☒ Mark (X) this box if you attach a continuation sheet.

PART D PERSONAL PROTECTIVE AND SAFETY EQUIPMENT

9.14 Describe the personal protective and safety equipment that your workers wear or use in each work area in order to reduce or eliminate their exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

[] Process type TDI - Foam SEAT Molding Operation

Work area Compounding

<u>Equipment Types</u>	<u>Wear or Use (Y/N)</u>
Respirators	<u>Y</u>
Safety goggles/glasses	<u>Y</u>
Face shields	<u>Y</u>
Coveralls	<u>N</u>
Bib aprons	<u>N</u>
Chemical-resistant gloves	<u>Y</u>
Other (specify)	
_____	_____
_____	_____

[X] Mark (X) this box if you attach a continuation sheet.

PART D PERSONAL PROTECTIVE AND SAFETY EQUIPMENT

- 9.14 Describe the personal protective and safety equipment that your workers wear or use in each work area in order to reduce or eliminate their exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type TDI - FOAM SEAT Molding Operation
Work area Molding

<u>Equipment Types</u>	<u>Wear or Use (Y/N)</u>
Respirators	<u>Y</u>
Safety goggles/glasses	<u>Y</u>
Face shields	<u>Y</u>
Coveralls	<u>Y</u>
Bib aprons	<u>NA</u>
Chemical-resistant gloves	<u>Y</u>
Other (specify)	
_____	_____
_____	_____

☐ Mark (X) this box if you attach a continuation sheet.

PART D PERSONAL PROTECTIVE AND SAFETY EQUIPMENT

9.14 Describe the personal protective and safety equipment that your workers wear or use in each work area in order to reduce or eliminate their exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

[] Process type TDI - Foam Seat Molding Operation
Work area Molding

<u>Equipment Types</u>	<u>Wear or Use (Y/N)</u>
Respirators	<u>Y</u>
Safety goggles/glasses	<u>Y</u>
Face shields	<u>N</u>
Coveralls	<u>N</u>
Bib aprons	<u>N</u>
Chemical-resistant gloves	<u>Y</u>
Other (specify)	
_____	_____
_____	_____

[] Mark (X) this box if you attach a continuation sheet.

9.15 If workers use respirators when working with the listed substance, specify for each process type, the work areas where the respirators are used, the type of respirators used, the average usage, whether or not the respirators were fit tested, and the type and frequency of the fit tests. Photocopy this question and complete it separately for each process type.

CBI

[] Process type TDI FOAM SEAT Molding Process

Work Area	Respirator Type	Average Usage ¹	Fit Tested (Y/N)	Type of Fit Test ²	Frequency of Fit Tests (per year)
<u>1</u>	<u>SCBA - POSITIVE PRESSURE</u>	<u>E</u>	<u>Y</u>	<u>DL</u>	<u>12</u>
<u>3</u>	<u>SCBA - POSITIVE PRESSURE</u>	<u>E</u>	<u>Y</u>	<u>DL</u>	<u>12</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

¹Use the following codes to designate average usage:

A = Daily
 B = Weekly
 C = Monthly
 D = Once a year
 E = Other (specify) OCCASIONAL

²Use the following codes to designate the type of fit test:

QL = Qualitative
 QT = Quantitative

[] Mark (X) this box if you attach a continuation sheet.

- 9.16 Respirator Maintenance Program -- For each type of respirator used when working with the listed substance, specify the frequency of the maintenance activity, and the person who performs the maintenance activity. Photocopy this question and complete it separately for each respirator type.

Respirator type TDI- Foam SEAT Mold OPERATION

<u>Respirator Maintenance Activity</u>	<u>Frequency¹</u>	<u>Person Performing Activity²</u>
Cleaning	<u>A</u>	<u>D</u>
Inspection	<u>A</u>	<u>D</u>
Replacement		
Cartridge/Canister	<u>NA</u>	<u>ND</u>
Respirator unit	<u>C</u>	<u>D</u>

¹Use the following codes to designate the frequency of maintenance activity:

A = After each use

B = Weekly

C = Other (specify) AS NECESSARY

²Use the following codes to designate who performs the maintenance activity:

A = Plant industrial hygienist

B = Supervisor

C = Foreman

D = Other (specify) Contract w/ Safety Supply Co.

☐ Mark (X) this box if you attach a continuation sheet.

9.17 Respirator Training Program -- Describe your respirator training and re-training programs for each type of respirator used when working with the listed substance. Photocopy this question and complete it separately for each respirator type.

a.

Respirator type PRESSURE DEMAND

Type of Training ¹	Number of Workers Trained	Location of Training ²	Length of Training (hrs)	Person Performing Training ³	Frequency ⁴
<u>R+E</u>	<u>30</u>	<u>A/B/C</u>	<u>2 hrs / mo</u>	<u>A</u>	<u>C</u>

b.

Respirator type PRESSURE DEMAND

Type of Re-training ¹	Number of Workers Re-trained	Location of Re-Training ²	Length of Re-Training (hrs)	Person Performing Re-Training ³	Frequency ⁴
<u>R+E</u>	<u>30</u>	<u>A/B/C</u>	<u>4-8</u>	<u>A/D</u>	<u>C</u>

¹Use the following codes to designate the type of training or re-training:

E = Emergency
R = Routine

²Use the following codes to designate the location of training or re-training:

A = Outside plant instruction
B = In-house classroom instruction
C = On-the-job
D = Other (specify) _____

³Use the following codes to designate the person who performs the training or re-training:

A = Plant industrial hygienist
B = Supervisor
C = Foreman
D = Other (specify) Consultant

⁴Use the following codes to designate the frequency of respirator training or re-training:

A = Monthly
B = Fixed monthly
C = Other (specify) biannually

☐ Mark (X) this box if you attach a continuation sheet.

- 9.18 For each type of personal protective clothing and safety equipment used when working with the listed substance, indicate whether you have conducted a permeation test on the clothing or equipment for the listed substance.

<u>Clothing and Equipment</u>	<u>Permeation Tests Conducted (Y/N)</u>
Coveralls	N
Bib apron	N
Gloves	N
Other (specify)	
<u>Selected AS determined</u>	
<u>by safety Supply house</u>	
<u>Tech. Data from Mfg.</u>	

☐ Mark (X) this box if you attach a continuation sheet.

PART E WORK PRACTICES

- 9.19 Describe all of the work practices and administrative controls used to reduce or eliminate worker exposure to the listed substance (e.g., restrict entrance only to authorized workers, mark areas with warning signs, insure worker detection and monitoring practices, provide worker training programs, etc.). Photocopy this question and complete it separately for each process type and work area.

CBI

☐

Process type TDI - FOAM SEAT Molding Operation

Work area ALL 1-5

1 - Exposure Monitoring

2 - Respirator Protection

3 - Written workpractices AND TRAINING

4 - Identification / Labeling

- 9.20 Indicate (X) how often you perform each housekeeping task used to clean up routine leaks or spills of the listed substance. Photocopy this question and complete it separately for each process type and work area.

Process type TDI FOAM SEAT Molding Operation

Work area

<u>Housekeeping Tasks</u>	<u>Less Than Once Per Day</u>	<u>1-2 Times Per Day</u>	<u>3-4 Times Per Day</u>	<u>More Than 4 Times Per Day</u>
Sweeping		X		
Vacuuming		X		
Water flushing of floors	NA	NA	NA	NA
Other (specify)				

☐ Mark (X) this box if you attach a continuation sheet.

9.21 Do you have a written medical action plan for responding to routine or emergency exposure to the listed substance?

Routine exposure

Yes ①

No 2

Emergency exposure

Yes ①

No 2

If yes, where are copies of the plan maintained?

Routine exposure: Department with Supervisor

Emergency exposure: Spill Team

9.22 Do you have a written leak and spill cleanup plan that addresses the listed substance? Circle the appropriate response.

Yes ①

No 2

If yes, where are copies of the plan maintained? Safety, Security, Spill Team, Env. Eng.

Has this plan been coordinated with state or local government response organizations? Circle the appropriate response.

Yes ①

No 2

9.23 Who is responsible for monitoring worker safety at your facility? Circle the appropriate response.

Plant safety specialist ①

Insurance carrier 2

OSHA consultant 3

Other (specify) _____ 4

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 10 ENVIRONMENTAL RELEASE

General Instructions:

Complete Part E (questions 10.23-10.35) for each non-routine release involving the listed substance that occurred during the reporting year. Report on all releases that are equal to or greater than the listed substance's reportable quantity value, RQ, unless the release is federally permitted as defined in 42 U.S.C. 9601, or is specifically excluded under the definition of release as defined in 40 CFR 302.3(22). Reportable quantities are codified in 40 CFR Part 302. If the listed substance is not a hazardous substance under the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA) and, thus, does not have an RQ, then report releases that exceed 2,270 kg. If such a substance however, is designated as a CERCLA hazardous substance, then report those releases that are equal to or greater than the RQ. The facility may have answered these questions or similar questions under the Agency's Accidental Release Information Program and may already have this information readily available. Assign a number to each release and use this number throughout this part to identify the release. Releases over more than a 24-hour period are not single releases, i.e., the release of a chemical substance equal to or greater than an RQ must be reported as a separate release for each 24-hour period the release exceeds the RQ.

For questions 10.25-10.35, answer the questions for each release identified in question 10.23. Photocopy these questions and complete them separately for each release.

PART A GENERAL INFORMATION

10.01 Where is your facility located? Circle all appropriate responses.

CBI

- ☐ Industrial area ①
- Urban area 2
- Residential area ③
- Agricultural area ④
- Rural area 5
- Adjacent to a park or a recreational area ⑥
- Within 1 mile of a navigable waterway 7
- Within 1 mile of a school, university, hospital, or nursing home facility ⑧
- Within 1 mile of a non-navigable waterway ⑨
- Other (specify) _____ 10

☐ Mark (X) this box if you attach a continuation sheet.

10.02 Specify the exact location of your facility (from central point where process unit is located) in terms of latitude and longitude or Universal Transverse Mercader (UTM) coordinates.

Latitude ° ' "

Longitude ° ' "

UTM coordinates Zone _____, Northing _____, Easting _____

10.03 If you monitor meteorological conditions in the vicinity of your facility, provide the following information.

Average annual precipitation inches/year

Predominant wind direction

10.04 Indicate the depth to groundwater below your facility.

Depth to groundwater meters

10.05 For each on-site activity listed, indicate (Y/N/NA) all routine releases of the listed substance to the environment. (Refer to the instructions for a definition of Y, N, and NA.)

CBI

☐

On-Site Activity	Environmental Release		
	Air	Water	Land
Manufacturing	NA	NA	NA
Importing	NA	NA	NA
Processing	6 lbs	N	N
Otherwise used	NA	NA	NA
Product or residual storage	N	N	N
Disposal	N	N	57,012 lbs
Transport	N	N	N

☐ Mark (X) this box if you attach a continuation sheet.

CBI

Quantity discharged to the air	<u>2.6</u>	kg/yr ± <u>10</u> %
Quantity discharged in wastewaters	<u>NA</u>	kg/yr ± _____ %
Quantity managed as other waste in on-site treatment, storage, or disposal units	<u>25 914.5</u>	kg/yr ± <u>5</u> %
Quantity managed as other waste in off-site treatment, storage, or disposal units	_____	kg/yr + _____ %

110

Response NOT REQ'D For TOI

10.08 Describe the control technologies used to minimize release of the listed substance for each process stream containing the listed substance as identified in your process block or residual treatment block flow diagram(s). Photocopy this question and complete it separately for each process type.

CBI

☐

Process type

<u>Stream ID Code</u>	<u>Control Technology</u>	<u>Percent Efficiency</u>

☐ Mark (X) this box if you attach a continuation sheet.

PART B RELEASE TO AIR

- 10.09 Point Source Emissions -- Identify each emission point source containing the listed substance in terms of a Stream ID Code as identified in your process block or residual treatment block flow diagram(s), and provide a description of each point source. Do not include raw material and product storage vents, or fugitive emission sources (e.g., equipment leaks). Photocopy this question and complete it separately for each process type.

CBI

☐

Process type

TOI - FLEXIBLE FOAM SEAT Molding Operation

Point Source
ID Code

Description of Emission Point Source

7K₂

Pump STAND exhaust VENT

7T

FOAMER HEAD Mix station

7V

Mold LINE Pour station

7CC

Mold LINE Exhaust VENT

☐ Mark (X) this box if you attach a continuation sheet.

☐ Mark (X) this box if you attach a continuation sheet.

10.10 Emission Characteristics -- Characterize the emissions for each Point Source ID Code identified in question 10.09 by completing the following table.

CBI

☐

Point Source ID Code	Physical State ¹	Average Emissions (kg/day)	Frequency ² (days/yr)	Duration ³ (min/day)	Average Emission Factor ⁴	Maximum Emission Rate (kg/min)	Maximum Emission Rate Frequency (events/yr)	Maximum Emission Rate Duration (min/event)
7K2	G	Negligible	3/yr	Negligible	NA	NA	NA	NA
7T	G	Negligible	NA	NA	NA	NA	NA	NA
7V	G	Negligible	264	1440	NA	Neg	NA	NA
2CC	G	Negligible	264	1440	NA	Neg	NA	NA

¹Use the following codes to designate physical state at the point of release:
G = Gas; V = Vapor; P = Particulate; A = Aerosol; O = Other (specify) _____

²Frequency of emission at any level of emission

³Duration of emission at any level of emission

⁴Average Emission Factor -- Provide estimated (\pm 25 percent) emission factor (kg of emission per kg of production of listed substance)

10.11 Stack Parameters -- Identify the stack parameters for each Point Source ID Code identified in question 10.09 by completing the following table.

CBI

☐

Point Source ID Code	Stack Height(m)	Stack Inner Diameter (at outlet) (m)	Exhaust Temperature (°C)	Emission Exit Velocity (m/sec)	Building Height(m) ¹	Building Width(m) ²	Vent Type ³
* 7K ₂	13	1	20	36	10	160	V
* 7T	13	1	20	36	10	160	✓
7V	13	1	20	36	10	160	✓
7CC	13	1	20	36	10	160	✓

¹Height of attached or adjacent building

²Width of attached or adjacent building

³Use the following codes to designate vent type:

H = Horizontal

V = Vertical

* = TIED into Common Stack

☐ Mark (X) this box if you attach a continuation sheet.

10.12 If the listed substance is emitted in particulate form, indicate the particle size distribution for each Point Source ID Code identified in question 10.09.
Photocopy this question and complete it separately for each emission point source.

CBI

☐

Point source ID code NA

Size Range (microns)

Mass Fraction (% \pm % precision)

< 1

NA

≥ 1 to < 10

NA

≥ 10 to < 30

NA

≥ 30 to < 50

NA

≥ 50 to < 100

NA

≥ 100 to < 500

NA

≥ 500

NA

Total = 100%

☐ Mark (X) this box if you attach a continuation sheet.

PART C FUGITIVE EMISSIONS

- 10.13 Equipment Leaks -- Complete the following table by providing the number of equipment types listed which are exposed to the listed substance and which are in service according to the specified weight percent of the listed substance passing through the component. Do this for each process type identified in your process block or residual treatment block flow diagram(s). Do not include equipment types that are not exposed to the listed substance. If this is a batch or intermittently operated process, give an overall percentage of time per year that the process type is exposed to the listed substance. Photocopy this question and complete it separately for each process type.

CBI

☐

Process type

Percentage of time per year that the listed substance is exposed to this process type %

Equipment Type	Number of Components in Service by Weight Percent of Listed Substance in Process Stream					Greater than 99%
	Less than 5%	5-10%	11-25%	26-75%	76-99%	
Pump seals ¹						
Packed	14					
Mechanical						
Double mechanical ²						
Compressor seals ¹	NA					
Flanges (Majority of Plumbing)	24					
Valves (Welded)	50					
Gas ³						
Liquid						
Pressure relief devices ⁴ (Gas or vapor only)	6					
Sample connections						
Gas	NA					
Liquid	7					
Open-ended lines ⁵ (e.g., purge, vent)						
Gas	NA					
Liquid	NA					

¹List the number of pump and compressor seals, rather than the number of pumps or compressors

10.13 continued on next page

☐ Mark (X) this box if you attach a continuation sheet.

10.13 (continued)

² If double mechanical seals are operated with the barrier (B) fluid at a pressure greater than the pump stuffing box pressure and/or equipped with a sensor (S) that will detect failure of the seal system, the barrier fluid system, or both, indicate with a "B" and/or an "S", respectively

³ Conditions existing in the valve during normal operation

⁴Report all pressure relief devices in service, including those equipped with control devices

⁵Lines closed during normal operation that would be used during maintenance operations

10.14 Pressure Relief Devices with Controls -- Complete the following table for those pressure relief devices identified in 10.13 to indicate which pressure relief devices in service are controlled. If a pressure relief device is not controlled, enter "None" under column c.

$$\left[\begin{array}{c} \text{---} \\ \square \\ \text{---} \end{array} \right]$$
[illegible]

¹Refer to the table in question 10.13 and record the percent range given under the heading entitled "Number of Components in Service by Weight Percent of Listed Substance" (e.g., <5%, 5-10%, 11-25%, etc.)

²The EPA assigns a control efficiency of 100 percent for equipment leaks controlled with rupture discs under normal operating conditions. The EPA assigns a control efficiency of 98 percent for emissions routed to a flare under normal operating conditions

☐ Mark (X) this box if you attach a continuation sheet.

10.15 Equipment Leak Detection -- If a formal leak detection and repair program is in place, complete the following table regarding those leak detection and repair procedures. Photocopy this question and complete it separately for each process type.

CBI

☐ Process type NA

Equipment Type	Leak Detection	Detection Device ¹	Frequency of Leak Detection (per year)	Repairs Initiated (days after detection)	Repairs Completed (days after initiated)
	Concentration (ppm or mg/m ³) Measured at _____ Inches from Source				
Pump seals					
Packed	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Mechanical	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Double mechanical	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Compressor seals	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Flanges	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Valves					
Gas	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Liquid	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Pressure relief devices (gas or vapor only)	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Sample connections					
Gas	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Liquid	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Open-ended lines					
Gas	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Liquid	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>

¹Use the following codes to designate detection device:

POVA = Portable organic vapor analyzer

FPM = Fixed point monitoring

0 = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

☐ Mark (X) this box if you attach a continuation sheet.

- 10.16 Raw Material, Intermediate and Product Storage Emissions - - Complete the following table by providing the information on each liquid raw material, intermediate, and product storage vessel containing the listed substance as identified in your process block or residual treatment block flow diagram(s).

CBI

☐

Vessel Type ¹	Floating Roof Seals ²	Composition of Stored Materials ³	Throughput (liters per year)	Vessel Filling Rate (gpm)	Vessel Filling Duration (min)	Vessel Inner Diameter (m)	Vessel Height (m)	Operating Volume (1) (gal)	Vessel Emission Controls ⁴	Design Flow Rate ⁵	Vent Diameter (cm)	Control Efficiency (%)	Basis for Estimate ⁶
P	NA	100	699,277	220	90	3	8	20,000	CONSERVATION VALVE	NA	NA	100%	C

¹Use the following codes to designate vessel type:

F = Fixed roof
 CIF = Contact internal floating roof
 NCIF = Noncontact internal floating roof
 EFR = External floating roof
 P = Pressure vessel (indicate pressure rating)
 H = Horizontal
 U = Underground

²Use the following codes to designate floating roof seals:

MS1 = Mechanical shoe, primary
 MS2 = Shoe-mounted secondary
 MS2R = Rim-mounted, secondary
 LM1 = Liquid-mounted resilient filled seal, primary
 LM2 = Rim-mounted shield
 LMW = Weather shield
 VM1 = Vapor mounted resilient filled seal, primary
 VM2 = Rim-mounted secondary
 VMW = Weather shield

³Indicate weight percent of the listed substance. Include the total volatile organic content in parenthesis

⁴Other than floating roofs

⁵Gas/vapor flow rate the emission control device was designed to handle (specify flow rate units)

⁶Use the following codes to designate basis for estimate of control efficiency:

C = Calculations
 S = Sampling

NO RELEASES ABOVE RQ

PART E NON-ROUTINE RELEASES

10.23 Indicate the date and time when the release occurred and when the release ceased or was stopped. If there were more than six releases, attach a continuation sheet and list all releases.

<u>Release</u>	<u>Date Started</u>	<u>Time (am/pm)</u>	<u>Date Stopped</u>	<u>Time (am/pm)</u>
<u>1</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>2</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>3</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>4</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>5</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>6</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

10.24 Specify the weather conditions at the time of each release.

NA

<u>Release</u>	<u>Wind Speed (km/hr)</u>	<u>Wind Direction</u>	<u>Humidity (%)</u>	<u>Temperature (°C)</u>	<u>Precipitation (Y/N)</u>
<u>1</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>2</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>3</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>4</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>5</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>6</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

☐ Mark (X) this box if you attach a continuation sheet.

Classification

PRODUCTION: AUDIT -

Department 010

Description

THIS PERSON IS RESPONSIBLE FOR CHECKING DIMENSIONS
OF FOAM SEATS FOR SPECIFICATIONS. MAINTAINS RECORDS
OF ALL PARTS CHECKED AND NOTIFIES SUPERVISION OF
DEFECTIVE PARTS BY CAUSE. MUCH TIME SPENT DOING RECORD
KEEPING OF RESULTS ACCUMULATED.

Physical Requirements

Standing - Walking ☐ None ☐ 25% or less ☒ 26 - 50% ☐ 51 - 75% ☐ 76 - 100%

Lifting ☐ Not Required ☒ Occasional (less than once per min.) ☐ Frequent

Pushing ☐ Not Required ☒ Occasional (less than once per min.) ☐ Frequent

Carrying - Pulling ☒ Yes ☐ No

Maximum Lifting Required 15-25 lbs. Units per hour _____

Use of Arms ☐ Not Required ☐ Right Only Usage ☒ 33% or less

Above Shoulder ☐ Left Only ☒ Both ☐ 34 - 67%

Below ☐ Either Right or Left ☐ 68 - 100%

Use of Fingers ☐ None ☒ Both Hands ☐ Left Hand Only

Wrist Movements ☐ Right Hand Only ☐ Either

Press Actuation Foot Pedals ☐ Yes ☒ No

Press Actuation Palm Buttons ☐ Yes ☒ No

Environment

Maximum Temperatures Above 86 F ☐ Yes ☒ No

Noise ☐ Quiet ☒ Normal ☐ Hearing Protection

Skin Irritants ☒ Not Used ☐ Used: Specify Kind _____

Atmospheric Contaminants T. D. I. ☐ Normal ☐ Slight

☐ Respirator Required

Tools & Equipment

☐ Hand Tools (hammers, screwdrivers, etc.)

☐ Hand Tools (Power)

☐ Forklift

☒ GAUGES

☐ Lift Truck

☒ Hand Truck

Classification PROCESS CONTROL - SETUP & INSTRUCT

Description THIS EMPLOYEE WORKS IN A GROUP LEADER AND JOBSETTER CAPACITY. RESPONSIBLE FOR SETTING UP AND TRYING OUT FOAMING AND MOLDING EQUIPMENT. RESPONSIBLE FOR ASSIGNING WORKERS TO THEIR SPECIFIC JOB FOR THE DAY. IF A PIECE OF EQUIPMENT IS NOT PRODUCING A PART ACCORDING TO SPECIFICATION THIS EMPLOYEE MAKES ADJUSTMENTS TO THE PROCESS TO CORRECT

Physical Requirements

Standing - Walking ☐ None ☐ 25% or less ☐ 26 - 50% ☒ 51 - 75% ☐ 76 - 100%

Sitting ☐ Not Required ☒ Occasional (less than once per min.) ☐ Frequent

Reaching ☐ Not Required ☒ Occasional (less than once per min.) ☐ Frequent

Pushing - Pulling ☐ Yes ☐ No

Maximum Lifting Required 20-30 lbs. Units per hour VARIES

Use of Arms ☐ Not Required ☐ Right Only Usage ☒ 33% or less

Below Shoulder ☐ Left Only ☒ Both ☐ 34 - 67%

Level ☐ Either Right or Left ☐ 68 - 100%

Fine Finger ☐ None ☒ Both Hands ☐ Left Hand Only

Wrist Movements ☐ Right Hand Only ☐ Either

Press Actuation Foot Pedals ☒ Yes ☐ No

Press Actuation Palm Buttons ☒ Yes ☐ No

Environment

Maximum Temperatures Above 86 F ☐ Yes ☒ No

Noise ☐ Quiet ☒ Normal ☐ Hearing Protection

Skin Irritants ☒ Not Used ☐ Used: Specify Kind _____

Atmospheric Contaminants SOLVENTS ☐ Normal ☒ Slight

☐ Respirator Required

Tools & Equipment

☒ Hand Tools (hammers, screwdrivers, etc.) ☒ Hand Tools (Power)

☐ Forklift ☒ Gauges ☐ Lift Truck

☐ Hand Truck

Job Classification Repair and Salvage -2 (0832)

Description Cuts away defective section of product as needed. Cuts, trims and fits comparable size piece from salvaged material and replaces defective portion using prescribed adhesives. Inserts wires and does whatever repairs deemed necessary. Also other duties.

Physical Requirements

Standing - Walking ☐ None ☐ 25% or less ☐ 26 - 50% ☐ 51 - 75% ☒ 76 - 100%

Bending ☐ Not Required ☒ Occasional (less than once per min.) ☐ Frequent

Twisting ☒ Not Required ☐ Occasional (less than once per min.) ☐ Frequent

Pushing - Pulling ☐ Yes ☒ No

Maximum Lifting Required _____ lbs. Units per hour _____

Use of Arms ☒ Not Required ☐ Right Only Usage ☐ 33% or less

Above Shoulder ☐ Left Only ☐ Both ☐ 34 - 67%

Level ☐ Either Right or Left ☐ 68 - 100%

Fine Finger ☐ None ☐ Both Hands ☐ Left Hand Only

Wrist Movements ☐ Right Hand Only ☒ Either

Press Actuation Foot Pedals ☐ Yes ☒ No

Press Actuation Palm Buttons ☐ Yes ☒ No

Environment

Maximum Temperatures Above 86 F ☐ Yes ☒ No

Noise ☐ Quiet ☒ Normal ☐ Hearing Protection

Skin Irritants ☐ Not Used ☒ Used: Specify Kind glue & solvent

Atmospheric Contaminants Glue fumes ☐ Normal ☒ Slight

☐ Respirator Required

Tools & Equipment

ARO knives, wire cutters, scissors, etc.

☒ Hand Tools (hammers, screwdrivers, etc.) ☒ Hand Tools (Power)

☐ Forklift ☐ Lift Truck ☐ Hand Truck

☒ Brooms, shovels, etc.

Job ClassificationFOAM PROCESS - HELPER (0272)Description

IN THE MOLDING PROCESS OF A SEAT PAD OPERATION
THIS PERSON IS RESPONSIBLE FOR ASSISTING IN MAINTAIN
AND OPERATING OF THE FORMING AND MOLDING PROCESS.
RESPONSIBLE FOR THE ACTUAL OPERATION OF THE FORMER
FOR SPECIFIC PERIODS OF TIME. PART OF THE EQUIPMENT
IS COMPUTERIZE AND ALSO WILL BE ASKED TO USE CERTAIN
TYPE TOOLS AND DEVICES COMMON TO THE WORK.

Physical Requirements

Standing - Walking ☐ None ☐ 25% or less ☒ 26 - 50% ☐ 51 - 75% ☐ 76 - 100%

Bending ☐ Not Required ☐ Occasional (less than once per min.) ☒ Frequent

Twisting ☐ Not Required ☐ Occasional (less than once per min.) ☒ Frequent

Pushing - Pulling ☒ Yes ☐ No

Maximum Lifting Required VARIES / SOMETIMES HEAVY lbs. Units per hour _____

Use of Arms ☐ Not Required ☐ Right Only Usage ☒ 33% or less

Above Shoulder Level ☐ Left Only ☒ Both ☐ 34 - 67%

☐ Either Right or Left ☐ 68 - 100%

Fine Finger Wrist Movements ☐ None ☒ Both Hands ☐ Left Hand Only

☐ Right Hand Only ☐ Either

Press Actuation Foot Pedals ☐ Yes ☒ No

Press Actuation Palm Buttons ☒ Yes ☐ No

Environment

Maximum Temperatures Above 86 F ☒ Yes (SUMMER) ☐ No

Noise ☐ Quiet ☒ Normal ☐ Hearing Protection

Skin Irritants ☐ Not Used ☐ Used: Specify Kind _____

Atmospheric Contaminants T.D.I. ☐ Normal ☐ Slight

☐ Respirator Required

Tools & Equipment

☒ Hand Tools (hammers, screwdrivers, etc.) ☒ Hand Tools (Power)

☐ Forklift ☐ Lift Truck ☐ Hand Truck

☐ Brooms, shovels, etc.

Job Classification Load and Unload (0716)

Description Loads and unloads ovens as instructed. Handles, cleans and lubricates molds or forms and trims product. In the performance of these duties, the operator will use tools and equipment common to the work, such as scrapers, knives abrasives, compressed air, etc. No experience necessary. General supervision required.

Physical Requirements

Standing - Walking ☐ None ☐ 25% or less ☐ 26 - 50% ☐ 51 - 75% ☒ 76 - 100%

Bending ☐ Not Required ☐ Occasional (less than once per min.) ☒ Frequent

Twisting ☐ Not Required ☐ Occasional (less than once per min.) ☒ Frequent

Pushing - Pulling ☒ Yes ☐ No

Maximum Lifting Required 25 + lbs. Units per hour _____

Use of Arms ☐ Not Required ☐ Right Only Usage ☐ 33% or less

Above Shoulder Level ☐ Left Only ☒ Both ☐ 34 - 67%

☐ Either Right or Left ☒ 68 - 100%

Fine Finger Wrist Movements ☐ None ☒ Both Hands ☐ Left Hand Only

☐ Right Hand Only ☐ Either

Press Actuation Foot Pedals ☐ Yes ☒ No

Press Actuation Palm Buttons ☐ Yes ☒ No

Environment

Maximum Temperatures Above 86 F ☒ Yes ☐ No

Noise ☐ Quiet ☐ Normal ☒ Hearing Protection

Skin Irritants ☒ Not Used ☐ Used: Specify Kind _____

Atmospheric Contaminants T.D.I. C.O. ☐ Normal ☐ Slight

☐ Respirator Required

Tools & Equipment

☒ Hand Tools (hammers, screwdrivers, etc.) ☐ Hand Tools (Power)

☐ Forklift ☐ Lift Truck ☐ Hand Truck

☒ Brooms, shovels, etc.

Classification Plastic Extrude Operate & Set-Up 0030

Description Set-Up and operate equipment - operate processing controls and make adjustments.

Maintain records as required.

Physical Requirements

Standing - Walking ☐ None ☐ 25% or less ☒ 26 - 50% ☐ 51 - 75% ☒ 76 - 100%

Lifting ☐ Not Required ☒ Occasional (less than once per min.) ☐ Frequent

Pushing ☒ Not Required ☐ Occasional (less than once per min.) ☐ Frequent

Pushing - Pulling ☒ Yes ☐ No

Maximum Lifting Required _____ lbs. Units per hour varies

Use of Arms ☒ Not Required ☐ Right Only Usage ☐ 33% or less

Above Shoulder ☐ Left Only ☐ Both ☐ 34 - 67%

Level ☐ Either Right or Left ☐ 68 - 100%

Use of Finger ☐ None ☒ Both Hands ☐ Left Hand Only

First Movements ☐ Right Hand Only ☐ Either

Press Actuation Foot Pedals ☐ Yes ☒ No

Press Actuation Palm Buttons ☐ Yes ☒ No

Environment

Maximum Temperatures Above 86 F ☒ Yes ☐ No

Noise ☐ Quiet ☒ Normal ☐ Hearing Protection

Use of Irritants ☒ Not Used ☐ Used: Specify Kind _____

Atmospheric Contaminants _____ ☐ Normal ☒ Slight

☐ Respirator Required

Tools & Equipment

☐ Hand Tools (hammers, screwdrivers, etc.) ☒ Hand Tools (Power)

☐ Forklift ☐ Lift Truck ☒ Hand Truck

☐ Brooms, shovels, etc.

Job Classification Quality Checker and Transfer (0822)

Description Moves parts to and from conveyor, post cure, reop trays, scrap line, etc., as required. Inspects raw, partially finished or finished products for quality and finish requirements. Also other duties.

Physical Requirements

Standing - Walking ☐ None ☐ 25% or less ☐ 26 - 50% ☐ 51 - 75% ☒ 76 - 100%

Bending ☐ Not Required ☐ Occasional (less than once per min.) ☒ Frequent

Twisting ☐ Not Required ☐ Occasional (less than once per min.) ☒ Frequent

Pushing - Pulling ☐ Yes ☐ No ☒ Sometimes

Maximum Lifting Required _____ lbs. Units per hour _____

Use of Arms ☐ Not Required ☐ Right Only Usage ☐ 33% or less

Above Shoulder ☐ Left Only ☐ Both ☐ 34 - 67%

Level ☒ Either Right or Left ☒ 68 - 100%

Fine Finger ☐ None ☐ Both Hands ☐ Left Hand Only

Wrist Movements ☐ Right Hand Only ☒ Either

Press Actuation Foot Pedals ☐ Yes ☒ No

Press Actuation Palm Buttons ☐ Yes ☒ No

Environment

Maximum Temperatures Above 86 F ☐ Yes ☒ No

Noise ☐ Quiet ☒ Normal ☐ Hearing Protection

Skin Irritants ☒ Not Used ☐ Used: Specify Kind _____

Atmospheric Contaminants TDI ☐ Normal ☒ Slight

☐ Respirator Required

Tools & Equipment

☐ Hand Tools (hammers, screwdrivers, etc.) ☐ Hand Tools (Power)

☐ Forklift ☐ Lift Truck ☒ Hand Truck

☒ Brooms, shovels, etc.

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